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

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Monday 5 March 2018

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **10.00 am** on **Tuesday 13 March 2018**.

This meeting will be webcast live and will be available to view via the Council's website.

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

Service Director – Legal, Governance and Commissioning

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

The Health and Adult Social Care Scrutiny Panel members are:-

Member

Councillor Elizabeth Smaje (Chair)

Councillor Richard Eastwood

Councillor Fazila Loonat

Councillor Richard Smith

Councillor Sheikh Ullah

Councillor Habiban Zaman

David Rigby (Co-Optee)

Peter Bradshaw (Co-Optee)

Sharron Taylor (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 13 February 2018</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 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: Podiatry Services in Kirklees	11 - 24
<p>Representatives from Locala Community Partnerships CIC will be in attendance to present the recommendations to changes to Podiatry Services based on the findings and feedback from the consultation process.</p> <p>Contact: Richard Dunne Principal Governance & Democratic Engagement Officer. Tel: 01484 221000.</p> <hr/>	

5: Adults Care Offer Consultation 25 - 34

The Panel will receive an overview of the background and purpose of the Adults Care Offer Consultation.

Contact: Amanda Evans, Service Director for Adult Social Care Operations, Tel: 01484 221000

6: Kirklees Safeguarding Adults Board 2016/17 Annual Report. 35 - 84

The Panel will consider the 2016/17 Kirklees Safeguarding Adults Board Annual Report.

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

7: Work Programme 2017/18 85 - 100

The Panel will review its work programme for 2017/18 and consider its forward agenda plan.

Contact: Richard Dunne, Principal Governance & Democratic Engagement Officer. Tel: 01484 221000.

8: Date of the Next Meeting

To confirm the date of the next meeting as 10 April 2018.

Contact: Richard Dunne, Principal Governance & Democratic Engagement Officer. Tel: 01484 221000.

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 13th February 2018

Present: Councillor Elizabeth Smaje (Chair)
Councillor Fazila Loonat
Councillor Richard Smith
Councillor Sheikh Ullah
Councillor Habiban Zaman

Co-optees David Rigby
Peter Bradshaw
Sharron Taylor

Apologies: Councillor Richard Eastwood

1 Minutes of previous meeting

That the minutes of the meeting held on 16 January 2018 be approved as a correct record.

2 Interests

Co-Optee David Rigby declared an interest in item 4 (Update from Locala) on the grounds of being a member of Locala.

Councillor Richard Smith declared an interest in item 5 (Suicide Prevention) on the grounds that he was a member of the South West Yorkshire Partnership Foundation Trust - Members Council.

3 Admission of the public

That all items be considered in public session.

4 Update from Locala

The Panel welcomed Jane Close Director of Operations Locala, Claire Jones Director Patient Safety, Quality and Governance Locala and Sarah True Engagement and Inclusion Manager – Wellbeing & Adult Business Locala to the meeting.

Ms True provided the Panel with an update of the timeline on the consultation on the proposed changes to the podiatry eligibility criteria.

In response to a question on why the timeline had changed Ms True informed the Panel that the assessment of the information from the feedback had taken longer than anticipated and this had been compounded by the additional clinical pressures due to the winter demands.

Health and Adult Social Care Scrutiny Panel - 13 February 2018

Ms Jones outlined the background and context to the Care Quality Commission (CQC) inspection of Locala in October 2016 and informed the Panel that the current position had significantly improved.

Ms Jones explained that the improvements to Locala's approach to quality and safety had been quality assured by a number of external sources that included the clinical commissioning groups (CCGs).

Ms Jones stated that Locala had established a strong and robust governance process that supported the delivery of the improvement work and provided the Panel with details of how the CQC Quality Improvement Plan was monitored.

Ms Jones stated that in overall terms 84.8% of the Improvement Plan had been delivered and explained that the report to scrutiny had been designed to demonstrate the improvements by presenting the work across the 5 CQC domains.

A question and answer session followed and covered a number of issues that included:

- Clarification on the areas of the Plan that had yet to be delivered and areas that were on hold.
- An agreement that the Panel would receive details of those areas in the action plan that had yet to be delivered including the target timeline for delivery.
- An explanation on how Locala shared good practice and learning across the organisation that included the approach to learning from other organisations.
- The focus that would be given to clinical audit in 2018/19.
- Details of the types of performance measures that Locala undertook to assess patient experience and the safety and quality of care being delivered.
- A comment from the Panel that it would have been helpful to have been provided with the context and background to each area of improvement.
- An explanation of which group within the governance structure had overall responsibility for the delivery of the Improvement Plan.
- A request from the Panel for future reports to scrutiny to include practical examples of work that had been carried out to support statements of improvement.
- The challenge from CCGs when looking at the work being done by Locala to improve the delivery of care.
- A detailed explanation of the process and approach to dealing with serious incidents and complaints.
- An explanation of the work of the Complaints Closure Panel.
- The focus on embedding duty of candour across the organisation.
- A detailed explanation of the approach taken to ensuring that the actions in the Improvement Plan were embedded across the organisation.
- The process for escalating examples of good practice.

Ms Close informed the Panel of the background to the closure of Maple Ward at Holme Valley Memorial Hospital and explained that CCGs were currently considering options for the future use of the ward.

Health and Adult Social Care Scrutiny Panel - 13 February 2018

Ms Close stated that the future use of Maple Ward was in the hands of the CCGs and confirmed that the ward would not remain closed and CCGs were actively looking at options for alternative use.

Ms Close outlined details of the Locala Care Closer to Home Local Incentive Scheme in the Greater Huddersfield CCG area which was focused on reducing avoidable admissions to hospital.

Ms Close explained that although the incentive scheme was different in North Kirklees Locala monitored avoidable admissions in the same way across the two areas to ensure there was consistency across Kirklees.

Ms Close informed the Panel of the audit that had been undertaken on admissions and attendances to identify the reasons for patients above the age of 65 being admitted to hospital.

Ms Close outlined the key reasons for patients within this cohort being admitted to hospital and explained in detail the work that was taking place to reduce admissions for patients in the various risk categories.

In response to a question on the role of GPs in helping to reduce admissions Ms Close explained the work that was taking place with three practices in Greater Huddersfield that included developing an emergency health care plan for each patient at risk of admission.

Ms Close informed the Panel of Locala's Care Home Support Team who worked closely with care homes to support the care home and patients who were at risk of being unnecessarily admitted to hospital.

In response to a question on whether there was a protocol in place with Yorkshire Ambulance Service (YAS) that provided alternative pathways for patient care Ms Close explained that there was a protocol although the diversion to alternative provision was still a sticking point that required further work.

Ms Close informed the Panel of the work of the short term assessment rehabilitation team and explained the additional support provided by Locala in the hospital emergency departments who helped to prevent unnecessary admissions.

Ms Close outlined details of the performance data which demonstrated that admissions had been reduced.

Ms Close informed the Panel of the work that Locala was doing to deal with winter pressures in Kirklees and explained in detail what Locala defined as an urgent visit.

In response to a panel question Ms Close explained that each patient was risk assessed in order to establish the level of support they would require and explained in detail how Locala managed its workforce during periods of high demand.

In response to a panel question regarding the number of district nurses who worked at weekends Ms Close explained that the number of visits made by district nurses

Health and Adult Social Care Scrutiny Panel - 13 February 2018

was less at weekends but support would be provided by other local teams if it was required.

In response to a comment from the Panel that more admissions happened over the weekend Ms Close stated that national data indicated that the most likely time for people to be admitted was in fact a Wednesday afternoon.

RESOLVED –

- (1) That attendees be thanked for attending the meeting.
- (2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.

5 Suicide Prevention

The Panel welcomed Rebecca Elliot Health Improvement Practitioner Advanced and Emily Parry-Harries Consultant in Public Health to the meeting.

Ms Elliot informed the Panel that the Kirklees Suicide Action Plan was based on the Kirklees audit of suicides and explained the process that was followed in undertaking the audit.

In response to a Panel question on the Kirklees suicide rates compared to the national average Ms Elliot informed the Panel that the rates were based on a 3 year rolling average and that economic recession had a significant impact on suicide rates.

Ms Elliot informed the Panel that the most recent audit had been delayed due to a logistical issue in gaining access to the coroner's office but was hopeful that this would be resolved soon.

In response to a panel question on what actions were being taken to reduce access to methods of suicide Ms Elliot provided a detailed explanation of the approach that Public Health had taken to raising awareness to health partners on types of medication that were used.

Ms Elliott also explained that frequently used locations such as Scammonden Bridge were also used for suicide and outlined what actions Public Health were taking to deter people from using certain locations by changing the infrastructure.

In response to a Panel question on whether the changes to infrastructure would deter people from suicide Ms Elliot stated that the evidence base from the changes to the infrastructure of the Golden Gate had halved the number of suicides.

A question and answer session continued and covered a number of issues that included:

- A wider discussion on the methods that had been introduced to deter people from committing suicide.

Health and Adult Social Care Scrutiny Panel - 13 February 2018

- A breakdown from the last audit of the age profile of suicides and an explanation of the reviews that took place for all suicides committed by children.
- The challenges in dealing with the delays in receiving information on suicides.
- An overview of the work that was taking place on awareness programmes for children and young people which included a focus on self-harm.
- Information on the West Yorkshire and Harrogate Health Care Partnership (WYHCP) Suicide Prevention 5 Year Strategy (2017-2022) including a discussion on the targets to reduce suicides.
- The challenges of effectively measuring the impact of the actions in the Kirklees Plan.
- The role of the GP in helping to identify people at risk of suicide and the focus from Public Health on increased engagement with GPs.
- The need for Kirklees Public Health to influence the work of the WYHCP on suicide prevention.
- The work being done by Kirklees Public Health to development a real time surveillance approach to suicide data.
- The work being done to enable people and communities to do more for themselves and each other.
- The need to raise awareness among GPs to spot people at risk of committing suicide.
- Details of the Time to Change HUB, the Champions fund and Meeting of Minds.
- A query on how many people involved in the mental health first aid training had come from the community compared to attendees from local organisations and partners.
- The support provided to people held under section 136.
- The importance of understanding the wider financial implications that would be required to support the Kirklees Action Plan.
- The need to do more work with local employers to raise awareness of mental health, wellbeing and suicide prevention.
- The need to provide more support in Kirklees to people bereaved of suicide.
- Details of the help is at hand publication.

RESOLVED –

- (1) That attendees be thanked for attending the meeting.
- (2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.

6 Integration of Health and Adult Social Care

The Panel welcomed Steve Brennan Senior Responsible Officer Working Together and Phil Longworth Health Policy Officer to the meeting.

In response to a question on the integrated governance structures Mr Brennan explained in detail the role of the new Integrated Commissioning Board and the rationale for the Board replacing the existing arrangements.

Health and Adult Social Care Scrutiny Panel - 13 February 2018

Mr Brennan explained that the new governance arrangements would run initially in safe mode and outlined the process that would be followed.

In response to a question on whether the new Board would control a pooled budget for commissioning Mr Brennan stated that it was one way forward although before this happened the Board would review if there was a benefit to introducing a pooling of funds.

Mr Brennan informed the Panel that a focus for the Board was to bring together services in a more integrated way and to get them to work together in a much better way than present.

In response to a question on whether evidence from other areas that were more advanced in the integration agenda had been considered Mr Longworth stated that they had looked at the work in other parts of the North of England that included Greater Manchester and West Yorkshire.

Mr Longworth explained that they had discovered that a key element in the structures was developing the relationships between the various partners rather than a focus on the legal framework.

Mr Brennan informed the Panel of the work that was undertaken at the Joint Development Session between the CCGs and the Council.

Mr Brennan stated that the Development Session highlighted an enthusiasm for developing further the existing approaches to place based systems of delivering integrated out of hospital care such as using schools as community hubs.

Mr Brennan explained that the Board hadn't yet defined where they wanted to be in the medium term and it could take up to 3 years before they could articulate the ultimate aim of the work.

In response to a panel question that one of the aims should be to provide seamless care between health and social care Mr Longworth stated that it was although there was a difference between the two services in that there was a requirement to provide NHS health care free at the point of delivery whereas social care could levy a charge.

In response to a panel question on how the different structures and approaches to service delivery would be brought together Mr Longworth informed the Panel that this had been an area of discussion in the recent Development Session.

Mr Longworth stated that the first step was to understand the varying approaches to service delivery that included how each organisation divided the population into geographical boundaries, hubs or localities.

RESOLVED –

- (1) That attendees be thanked for attending the meeting.

Health and Adult Social Care Scrutiny Panel - 13 February 2018

(2) That the update report on the planned activity on the integration of health and adult social care be received and noted.

7 Work Programme 2017/18

Cllr Smaje informed the Panel of the work on dentistry that was being undertaken by the West Yorkshire Joint Health Overview and Scrutiny Committee.

RESOLVED - That progress on the work programme for 2017/18 be noted.

8 Date of the Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 13 March 2018.

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KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Health & Adult Social Care Scrutiny Panel				
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 Adult Social Care Scrutiny Panel

Date: 13 March 2017

Title of report: Podiatry Services in Kirklees

Purpose of report:

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on the recommendations for changes to Podiatry Services in Kirklees based on the findings and feedback received during the consultation process.

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 – Report produced for information only
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Director</u> & name	
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	No – The report has been produced to support the discussions with Locala.
Is it also signed off by the Service Director (Legal Governance and Monitoring)?	
Health Contact	Sarah True – Engagement and Inclusion Manager Locala Community Partnerships

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**
 - 1.1 At the Health and Adult Social Care Scrutiny Panel meeting held 14 November 2017 the Panel considered the outcomes of the consultation and findings report.
 - 1.2 The Panel issued a number of recommendations that included a request for Locala to consider how the issues highlighted by the consultation would be addressed. In addition members of the Panel asked Locala to provide them with an opportunity to see the final report that outlined the proposed changes before a final decision was made
 - 1.3 Representatives from Locala will be in attendance to present the report that details the recommendations for changes to Podiatry Services in Kirklees. The report is attached.
2. **Information required to take a decision**
N/A
3. **Implications for the Council**
N/A
4. **Consultees and their opinions**
N/A
5. **Next steps**
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.
6. **Officer recommendations and reasons**
That the Panel considers the information provided and determines if any further information or action is required.
7. **Cabinet portfolio holder's recommendations**
N/A
8. **Contact officer**
Richard Dunne, Principal Governance and Democratic Engagement Officer, Tel: 01484 221000 Email: richard.dunne@kirklees.gov.uk
9. **Background Papers and History of Decisions**
N/A
10. **Service Director responsible**
Julie Muscroft, Legal, Governance & Monitoring

Consultation into Podiatry Services in Kirklees

Recommendations

Authors: Sarah True- Engagement and Inclusion Manager

Amina Hans-Adam- Operational Manager- Elective Care Services

Consultation into Podiatry Services in Kirklees

Recommendations

Contents

1. Introduction
2. Current Podiatry Service
3. Rationale for Change
4. Summary of Findings from Consultation
5. Deliberation Process
6. Recommendations
7. Appendices

1. Introduction

Public consultation into community Podiatry Services in Kirklees started on 19 June 2017 and finished on 11 August 2017. A Report of Findings was presented to OSC in November 2017 and the findings are also being scrutinised by the Quality Boards of North Kirklees CCG and Greater Huddersfield CCG and the Joint Clinical Strategy Group.

This report outlines the recommendations based on the findings and feedback received during the consultation process.

Two proposals were put forward:

Proposal 1: In Greater Huddersfield only, to reduce the number of locations where podiatry clinics are held. From 15 to 8.

Proposal 2: Across Kirklees, to apply the existing eligibility criteria to all patients currently using the service. In the past this criteria has not been fully applied and there are patients within the service who are not eligible to receive podiatry care. This is being done to ensure the podiatry team can provide a quality service to patients with the greatest podiatric and medical need.

During the 8 week consultation period 818 responses were received.

2. Current Podiatry Service

The Locala Podiatry Service provides clinics in 4 locations in North Kirklees and 15 locations in Greater Huddersfield. The team also carry out home visits to housebound patients. The service has a caseload of 22,650, receives an average of 734 referrals per month (October 2015-September 2017) and has an average discharge rate of 189 patients per month. The service is currently part of the Care Closer to Home Contract and Locala CIC receive £1.83m per year for this element of the contract.

Appendix 1, shows the actual cost for 2017/18 and proposed budget for 2018/19.

3. Rationale for Change

As the population increases and people are living longer with increasingly complex health care needs the demand for podiatry services has increased. To be able to provide the right treatment for people with the highest clinical need and avoid complications such as foot ulcers and amputation the service needs to prioritise its resources and change the service provided.

Locations - in Greater Huddersfield, podiatry clinics are held in 15 locations. In five of the locations (Waterloo, Shepley, Kirkheaton, Scissett and Marsden) clinics are run on a weekly or bi-monthly basis with between 7-10 appointments per week. By reducing the number of locations the service will be able to reduce travelling time between clinics by podiatrists and hence provide more clinical appointments and provide a higher quality service across Kirklees.

Eligibility Criteria - currently the criteria used to determine if a patient is eligible for care has not been applied consistently. This means there are patients receiving podiatry services such as toe nail cutting and dry skin removal who may not be eligible for care. By reviewing the case load and only treating patients who meet the criteria, the podiatry team will be able to provide the quality of care required to those in greatest need.

These changes will mean we can improve services for the patients who need it most by:

- Reducing waiting times for appointments and providing more appointments
- Providing more choice of appointment times and days
- Being able to see the patients who require it more often, When they need it, thus preventing complications
- Providing more specialist care such as wound management
- Providing better support and information so people are able to care for their own feet and prevent future problems
- Provide clinics in buildings that are modern, clean and safe
- Improved training and support to GP practices regarding diabetic foot checks

By making changes we can ensure that local health needs are met both now and in the future.

4. Summary of Findings from Consultation

Proposal 1: Reduce the number of clinics available in Greater Huddersfield from 15 to 8.

- 556 people from the Greater Huddersfield area completed the questionnaire
- 29% agreed or strongly agreed with this proposal,
- 64% disagreed or strongly disagreed and
- 7% didn't know/didn't respond.

The key themes were:

Support for the proposal	Concerns about the proposal
<ul style="list-style-type: none"> • Some felt that the proposals would improve the service provided as those with the greatest need would be seen more quickly • It was thought that 17 locations in Huddersfield was too many • Some felt that there would be benefits from fewer locations that had better equipped facilities • People commented that public transport links around the area were good and it wouldn't be a problem getting to the suggested locations 	<ul style="list-style-type: none"> • Many were concerned that it would mean travelling further for an appointment even if this didn't affect them they were concerned for vulnerable groups • Some felt that this was a cost cutting exercise • Some disagreed because this was not 'care closer to home' • It was felt that too many sites were being closed • A number of patients in Shepley were concerned about the public transport links to other locations • In Marsden there were concerns around where the bus stops in the next nearest location, Slaithwaite

- 79 (14%) responses were from patients who use the service at one of the locations proposed for closure. Key themes identified in these locations are detailed in the table below:

Theme	Honley	Kirkheaton	Scissett	Marsden	Shepley	Waterloo	Newsome
Clinics should be located closer to home	2	1	1	1		1	2
Concerned that waiting times for appointments will increase			1	3	2		2
Stated that this is a cost cutting exercise		2		1		2	1
Concerned care will suffer	5	4	3	4	1	3	3
Concerned they will have to travel further	7	4	5	10	5	3	
Stated that more clinics/podiatrists are needed not less							
Total	14	11	10	19	8	9	8

Proposal 2: Applying eligibility criteria

72% agreed or strongly agreed with this proposal

23% disagreed or strongly disagreed

5% didn't know/didn't respond

The key themes were:

Support for the proposal	Concerns about the proposal
<ul style="list-style-type: none"> • Most people in support of the proposal felt that care should be provided to those who are high to moderate risk • Many supported the proposal as it would reduce waiting times • There were a number of people who simply thought it made sense as it makes the service more efficient 	<ul style="list-style-type: none"> • The service should be there for anyone who needs it • Older people who can't bend down and cut their nails will suffer and could end up back in the service because they can't look after their feet • Some people thought this was a cost cutting exercise

Suggestions from respondents

- Lower risk/routine patients should be taught basic self-care that can be carried out at home
- There should be a low cost or no cost alternative for toe nail cutting

5. Deliberation Process

The deliberation process has included:

1. Considering all comments made whether positive or negative
2. Analysing themes that have been identified from the findings
3. Reviewing in detail the themes identified by the 79 patients who use the locations proposed for closure
4. Reviewing in detail the themes identified by the 179 people who disagree or strongly disagree with Proposal 2
5. Considering options to address areas of concern identified from the findings
6. Reviewing the quality and equality impact assessments against the output of the consultation and considering what further action is required
7. Discussions with clinical colleagues
8. Discussions with AgeUK and CCGs about alternative provision
9. Consideration of comments made by the CCGs and the OSC
10. Reviewing travel times and public transport options (Appendix 2)
11. Review of feedback from OSC, JCSG, North Kirklees and Greater Huddersfield PPGs

The deliberation process also took account of the following additional information around Proposal 1.

1. 932 people use the locations where proposed clinics would close – 5% of the caseload. The remaining 21,718 are not expected to change location but as part of patient choice are able to should they wish.
2. Average visits per year of 2.9 (see table below), suggest that the majority of patients using the clinics identified for closure are attending for non-complex care. Patients attending for more complex care are seen more frequently, for example patients requiring wound care will require 1-3 appointments per week initially, followed by weekly then monthly appointments.
3. The methods of transport used by the 79 respondents from people in the locations proposed for closure, 37 travelled to their appointment by car, 23 by public transport, 15 walked, 3 used all modes of travel, 1 person had a home visit.

Analysis of the themes Proposal 1

Theme	Mitigation
Clinics should be located closer to home	Clinics would still remain at 8 locations and home visits would be available for housebound patients. Patients would still have a choice of clinics in locations spread across Greater Huddersfield however, it is acknowledged that some may need to travel further.
Waiting times will increase	As podiatrist would not be travelling to and from a number of clinic bases this time would be used to provide additional appointments. The number of overall appointments would increase, it anticipated that there would be an additional 60 appointments available each week.
Cost cutting exercise	The budget would not reduce, it is about ensuring that the right people access the service
Care will suffer	There will be more appointments available and patients with the greatest podiatric/medical need, will have better access to the service.
Travel further	This will be limited as much as possible. There will still be the option of the remaining 8 sites with more appointments available at Princess Royal Health Centre near the bus station in Huddersfield. Locala has also had discussions with partners, Age UK, around alternative provision.

Patient information at locations proposed for closure

Location	Total appointments (Year)	Patients using the location	Average visits per patient (Year)
Honley Surgery	557	213	2.6
Kirkheaton	281	104	2.7
Marsden Health Centre	405	131	3.1
Newsome Surgery	522	190	2.7
Dearne Valley HC, Scissett	307	104	3.0
Shepley Health Centre	298	91	3.3
Waterloo	235	81	2.9
TOTAL	2,605	932	2.9

Analysis of the themes Proposal 2

Theme	Mitigation
Cost cutting exercise	The budget would not reduce, it is about ensuring that the right people access the service.
Care will suffer	There will be more appointments available and patients with the greatest podiatric/medical need, will have better access to the service.
The service should be there for anyone who needs it	The service will be provided for people who meet the criteria and have a podiatric or medical need.
Older people who can't bend down and cut their nails will suffer and could end up back in the service because they can't look after their feet	Alternative low cost options would be made available for people who are no longer eligible for the service.
It was suggested that patients be taught how to self-care	This would be carried out to any patient discharged from the service.

6. Recommendations

Proposal 1: Reduce number of locations that podiatry services are provided from 15 to 8.

It is our recommendation that two of the seven locations identified for closure should continue to provide podiatry clinics. We suggest that clinics remain in both Shepley and Marsden and close in the other five locations.

Shepley: further analysis confirmed that public transport to the nearest alternative location was not adequate

Marsden: further analysis confirmed that the location of the bus stop in Slaithwaite, the nearest alternative location was of concern. It was not possible to use the alternative location suggested by some patients. If this changes further engagement will take place.

Proposal 2: Apply the existing eligibility criteria to all the patients currently using the service

It is our recommendation that Proposal 2 be accepted and implemented. It is our intention to offer support and signposting for patients identified as not eligible for the service. Our proposals are listed below and once the final decision has been made, formal conversations can take place between Age UK and the CCGs around alternative provision.

1. **Self-Care** – patients would be given printed information around self-care and a face-to-face demonstration. The leaflet will contain detailed instructions around self-care and video clips will be available the Locala website. This information will be available in various formats. Offering patients a free nail file will also be considered.
2. **Age UK Foot Care** – Age UK have an established nail cutting/foot care service in 80 locations around the UK. This service is provided by foot care technicians at an initial cost of £22 and £12 for following appointments. AgeUK have agreed in principal to the setting up of clinics in Kirklees. We anticipate a 2-3 month mobilisation period to establish these new clinics.
3. **Huddersfield University** – the University of Huddersfield run a Podiatry Clinic open to members of the public at a cost of £12 per session.
4. **Independent Chiropodist** - there is local provision in the form of private chiropodists and podiatrists working from clinics and offering home visits. Prices range from £22 - £30 for toe nail cutting either within a clinic or for a home visit. We are not able to recommend individual practitioners but will suggest that only those who are HCPC registered should be used.

Next Steps

The feedback from CCGs and OCS will be reviewed and a final decision will be made by Locala EMG. Following that decision a mobilisation plan will be prepared.

7. Appendix

Appendix 1: The full year actual cost for 2017/18 and proposed budget for 2018/19 is included in the document below.

<u>Podiatry - Summary of Budget 2018/18</u>	<u>Current</u>		<u>Anticipated 2018/19 Budget</u>	
Income:	£000s		£000s	
CC2H contract	1,800		1,800	
Income requirement from Integrated Adults to fund Podiatrist			47	Internal recharge income to fully funded 1 WTE band 6 podiatrist and IT and mobile costs
Total Income	1,800	Assumed no change to 2017/18 income, yet to receive notification from CCG	1,847	
Expenditure:				
Podiatrists Pay and oncosts	£ 1,007	Funds 25.41 WTEs. 1% Pay uplift assumed	1,063	Pay uplifts anticipated at 2%. TBC. Also to employ an additional 1 x WTE band 6 podiatrist. Funds 26.41 WTEs
Admin Pay and oncosts	61		61	
Business Unit Mmt contribution	35		35	
Corporate overheads	248		248	
Decontamination Contract	216		216	Possible small reduction in decontamination costs as reduction in routine treatments however increased frequency of appointments for complex patients
Room Rental GP Practices	12		6	Reduction in costs of room rental approx. 6K- to be used to produce leaflets and potentially support subsidising Age UK in first year.
Princess Royal rent	60		60	
IT, Mobile, Printing charges	53		56	Increased due to 1 additional WTE funded.
Travel	16		16	Nil reduction as clinical resource released to do home visits timely.
Depreciation charges for equipment	22		22	
Other medical supplies	56		62	Increased cost approx. 10% to orthotics provided for complex wounds
Training	2		2	some savings to be used to fund training
Stationery	1		1	
Total Expenditure	£ 1,789		£ 1,848	

Appendix 2: Transport options

Clinics proposed for closure	Nearest Option					Alternative Option				
	Clinic Name	Car (miles)	Taxi (Uber estimate)	Bus routes	Time/frequency	Clinic Name	Car (miles)	Taxi (Uber estimate)	Bus routes	Time/frequency
Scisset (Dearne Valley HC)	Skelmanthorpe HC	1.1	£3-4	Yorkshire Tiger no 81	8 mins/every 20 mins	Kirkburton HC	3.7	£6-8	Yorkshire Tiger no 81	15 mins/every 20 mins
Honley Surgery	Holme Valley Hospital	2.3	£4-6	First Bus 308 and 310	15-21 mins /every 30 mins	Meltham Surgery	3.3	£5-8	Stotts 911	18mins/every hour
Kirkheaton HC	Mill Hill HC	1.4	£3-4	First Bus no's 371 and 262	5-18 mins / every20 to 30 mins					
Marsden HC	Slaithwaite HC	3.8	£5-7	First Bus 185 and 184, but need to walk 0.4 miles to clinic, or South Pennine Community transport 938	15 to 18 mins every 15 mins. Bus 938 is door to door takes 15 mins no walking / every hour	Meltham Surgery	4	£6-9	First Bus 185, then Stotts 335, or South Pennine Community Transport 938	35 to 45 mins / every 20 mins. Need to change buses once
Newsome Surgery	Princess Royal HC	1.8	£3-5	First 307/308, or Yorkshire Tiger 319 to Bus station, then walk 0.3 miles or 302 (toward Golcar) to the door.	12 mins / every 20 mins	Mill Hill	3	£5-7	Yorkshire Tiger 319 to Bus station then TLC travel 375, then 0.2 mile walk	2 changes 35 mins / every 10 mins
Shepley HC- inadequate buses available directly from Shepley?	Kirkburton HC	2.4	£4-6	Yorkshire Tiger 81	Several choices of bus , but each includes walk or multiple buses	Skelmanthorpe HC	3.3	£5-7	Yorkshire Tiger 437(toward Wakefield)	20 mins/every hour. Other options but include walking.
Waterloo Surgery	Mill Hill HC	0.6	£3-4	No Direct Bus	Patients live nearer to Mill Hill than Waterloo.	Kirkburton HC	3.4	£5-8	Yorkshire Tiger 81 (0.2 miles walk)	13 mins / Every 20 mins
						Princess Royal HC	2.7	£5-7	First 372 to bus station then 302 (toward Golcar)	372 toward Lindley 23 mins /every 20 mins

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 13th March 2018

Title of report: Adults Care Offer Consultation

Purpose of report

To provide Health and Adult Social Care Scrutiny Panel members with an overview of the background and purpose of the Adults Care Offer consultation. This report also outlines the methodology and approach being taken, along with timescales.

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?	not applicable
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	not applicable
The Decision - Is it eligible for call in by Scrutiny?	not applicable
Date signed off by <u>Strategic Director</u> & name	Richard Parry- 1 st March 2018
Is it also signed off by the Service Director for Finance IT and Transactional Services?	Eamon Croston (Head of Finance and Accountancy) – 1 st March 2018
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Julie Muscroft- 1 st March 2018
Cabinet member portfolio	Give name of Portfolio Holder
Adults and Public Health	Councillor Cathy Scott

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Summary

Background

As part of the Council's Transformation programme, Adult Services is in the process of developing a clearer framework to define its Adults social care offer that includes looking at a new approach which considers the strengths base of eligible social care users in coming to a view about support and to guide practitioners' decisions.

An officer delegated key decision was taken by the Strategic Director for Adults and Health on 28th February 2018, to undertake a public consultation exercise on the proposed revised Adult Social Care offer. This includes proposals to introduce a formal Direct Payments Policy (DP) and to revise Adult Services' current Resource Allocation System (RAS). This will form an integral part of delivering social care within the resources available.

Purpose of the consultation

In order to support people in need of social care in a person centred way that focusses on outcomes to be achieved, there is a need to review how we approach assessments and the care offer. The intention is to empower service users to move away from a focus on what they can't do, to a conversation around how best to meet unmet needs in more creative ways – a strength based approach.

The current Kirklees RAS does not support the new strength based approach to practice that is being embedded in line with the 2014 Care Act and national good practice. Although Direct Payments have been in place for some time in Kirklees the Council does not have a formal policy. It has become increasingly clear that the absence of this policy has created a wide variation in practice. It is important that we consult about any changes to the RAS as well as the adoption of a Direct Payments policy to inform our decision making.

Kirklees Council, NHS Greater Huddersfield Clinical Commissioning Group and NHS North Kirklees Clinical Commissioning Group have developed a joint approach to personal budgets for Adults and Children's Health and Social Care. A memorandum of understanding (MoU) between the three organisations was developed and commenced in June 2016. In light of this, discussions and consultation will also be required with the CCG's regarding any proposed changes to the Kirklees Council RAS.

In order to meet its public sector equality duty any changes to the RAS and DP policies require a public consultation process to be undertaken. Adult Services are including both of these policies in the consultation to simplify the message to the public.

Strength based approach

In essence a strength based approach is a way of identifying a person's abilities and current support networks in order to consider the support they might need. The social care worker, as part of the assessment process, would have a strengths based conversation with the service user to determine what is working well in their life, maximising their personal strengths and the use of support from family, friends and services within the community to meet needs. A strength based approach determines the goals and outcomes that a service user and their carer wishes to achieve. The outcome of that might be that the Council may be required to provide a service in circumstances where there is unmet need and where an individual meets the eligibility criteria for care and support. The strength based approach is consistent with modern and sustainable social care practice and is used in many local authorities

Aims and objectives

We would like to establish what the public, including current and future service users and carers think about the proposed future Kirklees Adults Care Offer. We would also welcome their ideas about how we could deliver the Adults Care offer differently in the future to achieve better outcomes for individuals.

The hoped intention is that this would improve:

- the adoption of strengths based approaches;
- maximise the person's independence
- consistency and quality of social work practice;
- increased transparency regarding the allocation of resources;
- equity of provision between service users and for those with differing social care needs and disabilities
- the utilisation of Adult Services' resources

2. Information required to take a decision

This report is for member information. We would like to seek members' views on the approach/methodology of the consultation.

3. Implications for the Council

3.1 Early Intervention and Prevention (EIP)

The proposed model will support people to live independently, having greater control over their lives with more support being delivered through communities.

3.2 Economic Resilience (ER)

We will be working with the sector to develop more innovative approaches to meeting individual's care needs, with a focus on meeting outcomes. This supports the Kirklees outcome for working smart and delivering more effectively and efficiently. This will support providers to have increased flexibility to focus delivery on the achievement of outcomes rather than a time and task based approach.

3.3 Improving Outcomes for Children

Any proposed changes to the Adults RAS policy relates to the adults only. The DP policy will set out the guidance which affects both eligible children and adults. This will improve transparency and provide further clarity. The changes support innovative and more personalised ways of meeting needs enabling people to be as well as possible for as long as possible.

3.4 Reducing demand of services

This will support the application of the strength based approach, which places less emphasis on traditional service provision and looks to help individuals, families and communities to have greater control and do more for themselves.

3.5 Other (e.g. Legal/Financial or Human Resources)

Legal

The way that indicative budgets are calculated will be clearer and matched to levels of need. Its application will support the strength based approach which means that support packages will be consistently proportionate to meet needs.

The strength based approach focuses on helping people be as independent as possible. The proposals invest in the most vulnerable in society while using the Council's resources in the most effective way.

The Equality Act 2010 creates the Public Sector Equality Duty (PSED).

Under section 149 of the Act

1) A public authority must, in the exercise of its functions, have due regard to the need to –

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are –

Age;
Disability;
Gender reassignment;
Pregnancy and maternity;
Race;
Religion or belief;
Sex;
Sexual orientation.

In order to fulfil the PSED the Council is required to assess the impact of any proposed changes to policies and/or creation of any new policies on the equality objectives set out above. The way in which the Council approaches this task is to conduct Equality Impact Assessments (EIA).

The Council has therefore carried out Equality Impact Assessments (EIAs) to help it take due regard of its public sector equality duties in relation to these proposals. These can be found in Adults & Health, Integration Section EX IN 1 section of the Council's website:

[https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02\)%20Adults%20&%20Health/Adult%20Social%20Care%20Operation/2018-02-19%20RAS%20Equality-impact-assessments-Stage-1-assessment.xlsx](https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02)%20Adults%20&%20Health/Adult%20Social%20Care%20Operation/2018-02-19%20RAS%20Equality-impact-assessments-Stage-1-assessment.xlsx)

[https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02\)%20Adults%20&%20Health/Integration/EX%20IN1%20Adults%20Integration%20Direct%20Payments%20EIA%20180119.xlsx](https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02)%20Adults%20&%20Health/Integration/EX%20IN1%20Adults%20Integration%20Direct%20Payments%20EIA%20180119.xlsx)

[https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02\)%20Adults%20&%20Health/Adult%20Social%20Care%20Operation/EX%20AS3%20%20EIA%20Direct%20payment%20and%20independent%20sector%20home%20care%20180119.xlsx](https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02)%20Adults%20&%20Health/Adult%20Social%20Care%20Operation/EX%20AS3%20%20EIA%20Direct%20payment%20and%20independent%20sector%20home%20care%20180119.xlsx)

These will be updated further following the consultation exercise and before the Council decides what it will do.

Financial

£6.46m of financial benefits are expected from the implementation of the Kirklees Adult Social Care Offer (and those elements of the All Age Disability work-stream relating to the Strength Based approach and the Review Task Force) over the next four years, of which £0.65m in this financial year and £3.47m in FY18/19.

These financial benefits include both Medium Term Financial Plan (MTFP) savings and additional savings identified through work with our Transformation partners. Given that both MTFP and additional savings are being targeted through the same activity we are monitoring and tracking these together, hence giving the total number ('financial benefits').

Adults Services and the Transformation team have been working closely with the review taskforces to further embed the strength based approach. This is why there are savings within 17/18 which are being delivered as described

For reference, the gross budget for Direct Payments (Adults) is £16.25m (with 1,394 service users), and £907k for Direct Payments (Children) (with 165 clients). The budget for Domiciliary care (Adults) is £12.2m gross, with 1,315 service users.

The use of Direct Payments will be clarified to ensure innovative approaches to meet needs are supported through a robust policy

4. Consultees and their opinions

Due to the scale of the consultation and the fact that this will impact future adult social work practice and given resource constraints within the service, we are working with an external agency, Public Perspectives, to plan and deliver the public consultation as well as analyse the findings.

This will ensure that the consultation is delivered to a high quality and is also independent from the Council. Funding has already been identified from existing budget for this work.

Following on from discussions with Portfolio Holders and Health and Social Care Scrutiny Panel members, the consultation is expected to commence on the 15 March 2018 for a period of 8 weeks.

Consultation- approach and methodology

- Online questionnaire (hard copies, easy read versions and alternative formats will be made available)
- A minimum of 250 telephone interviews will be undertaken
- Stakeholder/partner workshop with approx. 20-30 participants.

- 5 x small focus group sessions with current service users (all eligible service user groups) and carers.
- 2 x staff briefing sessions/workshops

See appendix A for a table outlining key stakeholders

5. **Next steps**

A report will be compiled by the end of May 2018, detailing the findings from the consultation. A report detailing proposals for change will follow this and is expected to go to Cabinet in July 2018 for Cabinet to make a decision about any changes to policy and/or introduction of a new policy.

6. **Officer recommendations and reasons**

The officer recommendation is that Scrutiny note the approach to the consultation, which is intended to capture input from all stakeholders that will be utilised to shape the final approach and policies which will be signed off by Cabinet.

7. **Cabinet portfolio holder's recommendations**

Not applicable.

8. **Contact officer**

Lee Thompson, Head of Adult Social Care Operations, North Kirklees.

9. **Background Papers and History of Decisions**

Decision to agree a public consultation on Kirklees Council's Adult Social Care Offer
<https://democracy.kirklees.gov.uk/mglIssueHistoryHome.aspx?Id=13335&PlanId=67>

See previous public consultation findings and recommendations; report dated January 2017 (Item 11, section 2.21)

<http://democracy.kirklees.gov.uk/documents/s16487/d%20FINAL%202017-01-17%20YPAT%20v3.0.pdf>

And findings report related to this consultation

<https://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=bx074eav&e=852>

Other information:

Adult Social Care Vision <http://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/adult-social-care-vision-kirklees.pdf>

All Age Disability Overarching Policy Framework <https://www.kirklees.gov.uk/beta/delivering-services/pdf/all-age-disability-overarching-policy-framework.pdf>

10. **Service Director responsible**

Amanda Evans, Service Director for Adult Social Care Operations

Appendix A- Stakeholder list

Stakeholder	Updates/consultation method
Members	Reports Meetings- Portfolio Holders, LMT, Scrutiny Emails Briefings Workshop Newsletters
Parish and Town Councils	Emails Postcards/flyers Questionnaire- should they wish to take part Internet page Involve- Kirklees Reports
Executive team, including Strategic Directors Adults & Children's	Reports Meetings- including Adults Programme Board, Senior Leadership Team meeting, Executive Team meeting Emails Intranet Internet page Involve- Kirklees
Service users, carers and families	Postcards/flyers Questionnaire- should they wish to take part Forums- to be arranged Telephone Survey- should they wish to take part Internet page Involve- Kirklees
Service Users- Direct Payment users	As above Letter to be sent to all direct payment users
General public	Postcards/flyers Questionnaire- should they wish to take part Telephone Survey- should they wish to take part Involve- Kirklees Internet page
All Kirklees Staff- including teams directly affected and impacted by the changes	Postcards/flyers Questionnaire- should they wish to take part Meetings Briefings E- newsletters- all Adults Staff Intranet and internet page Emails Director blogs
Practitioners	As above and; Workshops Ongoing testing of proposed tools- small groups of staff
Clinical Commissioning Groups Primary Care Trust Locala KNH Providers forums Statutory services	Postcards/flyers Questionnaire- should they wish to take part Workshop- invites to be sent out Involve- Kirklees Emails Newsletters Meetings Internet page

Voluntary and Community Sector organisations	Postcards/flyers Questionnaire- should they wish to take part Workshop- invites to be sent out Internet page Involve Kirklees
Partnership Boards	Postcards/flyers Questionnaire- should they wish to take part Meetings Internet page Involve Kirklees
Trade Unions	Trade Union Liaison meetings
Media Partners	Press release at the start of the consultation to inform Re-active statements/press releases to be held in case of further enquiries, as and when required

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Name of Meeting: HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL
Date: TUESDAY 13 MARCH 2018
Title of report: **KIRKLEES SAFEGUARDING ADULTS BOARD 2016/17 ANNUAL REPORT**
Purpose of Report: This report presents for information the attached 2016/17 Kirklees Safeguarding Adults Board Annual Report.

Key Decision - 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 (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> and name	Richard Parry on 16 November 2017
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	N/A
Is it also signed off by the Assistant Director, Legal, Governance and Monitoring	N/A
Cabinet member portfolio	Cllr Viv Kendrick and Cathy Scott Adults, Health and 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. Summary

1.1 **The Kirklees Safeguarding Adults Board**

- 1.1.1 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 help and protect adults at risk in its area.
- 1.1.2 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.
- 1.1.3 In 2016/17 arrangements for lay membership on the Board were strengthened by the recruitment of a second lay member. Great emphasis is given to this role and both members critically challenge decision-making, provide a service user and carer perspective and have played an active role in the work of the Board, including supporting the Independent Chair at number of high profile events. One lay member is also on the Board of Healthwatch and is able to provide useful links to that organisation.

- 1.1.4 Individual Board members take responsibility for reporting through their own organisations, including the submission of annual progress reports to their executive management body/board. This is to ensure that Adult Safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.
- 1.1.5 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.
- 1.1.6 The principal purpose of the Board's annual report is to identify progress made over the past 12 months against the intentions laid out in the Board's Strategic Plan [here](#) which is a rolling plan updated annually alongside the Board's annual report and to lay out the work programme for the next 12 months.

1.2 **Why is the KSAB Annual Report being presented to the Health and Adult Social Care Scrutiny Panel?**

- 1.2.1 Scrutiny Panel 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
- 1.2.2 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 Health and Wellbeing Board (HWB), the Council, Clinical Commissioning Groups, NHS England and providers), to account.
- 1.2.3 In fulfilling part of their role the Panel receives the KSAB Annual Report.

1.3 **Health and Wellbeing Board**

- 1.3.1 The KSAB Annual Report was submitted to the HWB on 14 December 2017.
- 1.3.2 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.
- 1.3.3 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.

2. **Information required to take a decision**

The KSAB Annual Report is being presented for information.

3. **Implications for the Council**

3.1 **Early Intervention and Prevention**

Not applicable.

3.2 Economic Resilience

Not applicable.

3.3 Improving Outcomes for Children

Not applicable.

3.4 Reducing Demand for Services

Not applicable.

3.5 Legal/Financial or Human Resources

Not applicable.

4. Consultees and their opinions

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

5. Next steps

Not applicable.

6. Officer recommendations and reasons

That the 2016/17 Kirklees Safeguarding Adults Board Annual Report be received.

7. Cabinet Portfolio holder recommendation

Not applicable.

8. Contact Officer

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

9. Background papers and history of decisions

Not applicable.

10. Service Director responsible

Amanda Evans, Service Director for Adult Social Care Operations, 01484 221000
amanda.evans@kirklees.gov.uk

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**Partners in
preventing
abuse and
neglect**

Annual Report
2016/17

Contents page

Message from the Chair	2
Kirklees	3
Governance and accountability	4
Membership and attendance	5
Our vision and principles	7
Summary: Key achievements and work still to do	8
Board activity, achievements and progress in 2016/17	11
1 Leadership and collaboration	11
2 Assurance that adults are safeguarded and supported to have choice	18
3 Preventative strategies	21
4 Multi-agency workforce development and specialist training	26
5 Effectiveness of partners safeguarding arrangements	28
Agency achievements	32
Appendix 1 – Safeguarding concerns and Deprivation of Liberty information	37
Appendix 2 – Work programme 2016-17	43
Appendix 3 – Board members	45

Introduction from the Chair

Welcome to the Kirklees Safeguarding Adults Board annual report for 2016-17, the second annual report since I became the first Independent Chair.

The principal purpose of our annual report is to identify progress made over the past 12 months against the intentions we have laid out in our strategic plan and to lay out our work programme for the next 12 months against our updated 3 year strategic plan.

Whilst we now have our strengthened infrastructure in place with two effective lay members and the delivery group, chaired by the boards vice chair, and sub-groups engaged in delivery of the work programme. We know we have more to do to achieve our objectives. In particular over the next year we will be focusing on the following:

- Use of data and better evaluation of the safeguarding effectiveness for individuals, and our own effectiveness as a board. Our performance framework is being refined to enable the Board to focus on key priority areas.
- Making safeguarding personal is a key priority and we want to do better at understanding on how safeguarding interventions are affecting outcomes for adults who experience abuse and neglect.
- Continued strong collaboration with Kirklees other strategic partnerships and community engagement on transition issues and other areas of common ground relating to safety and community wellbeing.

It is essential that the board continue to provide even-handed and objective oversight, and challenges wherever issues of poor practice and unsatisfactory outcomes are identified. We are clear about our function as system leaders with others to work towards achieving our primary aim to keep the people of Kirklees safe. As an outward facing board we are committed to collaborative ways of working.

As normal this Annual Report will be submitted to the Health and Wellbeing Board and Overview and Scrutiny Panel. Board members will take it through their own governance boards and 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

Talking about Kirklees

Around 440,000 people live in Kirklees. It encompasses the two major centres of Huddersfield and Dewsbury, and smaller towns of Batley, Birstall, Cleckheaton, Denby Dale, Heckmondwike, Holmfirth, Kirkburton, Marsden, Meltham, Mirfield and Slaithwaite. It is a place where:

- The population has increased by 8.4% since 2002, and is predicted to rise by a further 9.9% by 2030.
- Projected increases are largest in very young and older adult age groups.
- Over three-quarters of the population are of White British ethnicity.
- One in ten people is of Pakistani ethnicity.
- Life expectancy is increasing but there are inequalities – those in the least deprived areas live longer than those in more deprived areas.
- Demand for suitable and affordable accommodation outstrips supply.
- Asylum seekers and European economic migrants are contributing to the emergence of new communities within Kirklees.

There are a number of significant factors affecting local health and wellbeing of these people. These include the economic challenges facing the country and impact on those who are more vulnerable; the increasing numbers of older people and their needs for care and support.

Kirklees Council and its Partners have developed two important strategies to respond to these challenges, and the opportunities available as well, The Joint Health and Wellbeing Strategy (JHWS) and the Kirklees Economic Strategy (KES).

These two strategies set their own priorities and actions. They cover different ground and do different things, yet are connected.

At the heart of both is commitment to achieve a shared aim, that, ***‘No matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality’***.

It aims for people to have control and manage life challenges, be resilient and feel connected to others, and for them feel safe and included. The Kirklees Adults Board has its Strategic Plan, as required by the Care Act 2014, which takes into account this local background and context.

What is the Kirklees Safeguarding Adults Board and what does it do?

The Kirklees Safeguarding Adults Board (KSAB) 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.

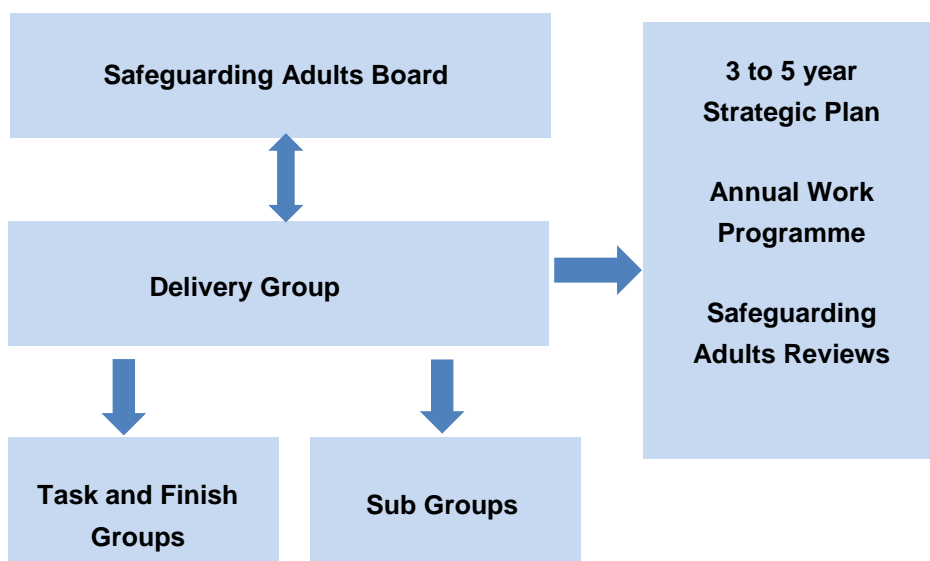
The board has overall governance of the policy, practice and implementation for Safeguarding. It also has a key role in promoting the wider agenda so that Safeguarding is seen as a responsibility for everyone. This year the Board has held four meetings and an additional development session

In accordance with Care Act guidance, the Independent Chair reports quarterly to the Local Authority Chief Executive on the work of the board. The board also has a formal relationship with the Health and Wellbeing Board to ensure effective accountability of its work

Individual board members take responsibility for reporting through their own organisations, including the submission of annual progress reports to their executive management body/board. This is to ensure that Adult Safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.

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.

The Board is supported by an infrastructure – refreshed 18 months ago 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.



As a strategic partnership it is essential that the partners share the chairing and membership of the Delivery Group and the Sub Groups. The Delivery Group is chaired by the vice chair of the board and has set about co-ordinating the development and implementation of priorities outlined in the strategic plan.

Who are our Members?

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. If they are unable to attend board meetings for any reason they send, with the chairs permission, a nominated representative of sufficient seniority.

During 2016 - 17 the following agencies and organisations were members of the Kirklees Safeguarding Adults Board:

- Kirklees Council Adult Social Care
- Kirklees Council Commissioning and Health Partnerships
- Kirklees Council 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

We have strengthened our arrangements for lay membership on the board and have recruited a second lay member. We give great emphasis to this role and both members critically challenge decision-making, provide a service user and carer perspective and have played an active role in the work of the board, including supporting our Independent Chair at number of high profile events. One lay member is also on the Board of Healthwatch and is able to provide useful links to that organisation.

The expectation is that all members attend all board meetings and despite continuous, rapid 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 2016-2017 (%)
Chair – Mike Houghton-Evans	100
Greater Huddersfield CCG	100
Mid Yorkshire NHS Trust	75
South West Yorkshire NHS Trust	100
Kirklees – Director of Commissioning, Public Health and Adult Social Care	100
Kirklees Social Care and Wellbeing for Adults	100
Kirklees Council – Commissioning and Health Partnerships	100
Kirklees Legal Services	100
Kirklees Council Housing Services	75
West Yorkshire Police	100
Locala	100
West Yorkshire Fire and Rescue	100
North Kirklees CCG	100
Calderdale & Huddersfield NHS Trust	100
NHS England	75
Lay member	50

The following attend in an advisory capacity:

- Kirklees Council Legal Services
- Kirklees Safeguarding Partnership Manager
- Kirklees Deputy Safeguarding Partnership Manager
- Business Support Manager

During 2015-16 Sub-Groups of the board were:

- Delivery Group
- 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 two network events have been held.

This year there have been Task and Finish Groups working in partnership with other boards in Kirklees, including planning and delivering Safeguarding Week 2016, and across West, North Yorkshire, and York updating our Regional Policy and Procedures. Task and Finish Groups have also worked on updating our guidance on self-neglect, and refreshing the See Me and Care Campaign

What is 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.

Making Safeguarding Personal aims to develop a safeguarding culture that focuses on the outcomes desired by people with care and support needs who may have been abused.

We want to look further at the role people play in embedding the 'Making Safeguarding Personal' approach across agencies, by establishing and developing a broader engagement strategy, having a focus on qualitative reporting on outcomes as well as quantitative measures, encouraging person-centred approaches to working with risk and making sure policies and procedures are in line with a personalised safeguarding approach.

Our vision

'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'

This Vision is based on these fundamental principles along with the [Joint Health and Wellbeing Strategy](#) (JHWS) and the [Kirklees Economic Strategy](#) (KES).

Our focus is on creating a culture where:

- Abuse is not tolerated.
- Following the principles of 'Making Safeguarding Personal', there is common understanding and belief of what to do when abuse happens.

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.

These principles above underpin the delivery of our vision.

Summary: Our key priorities and update on board activity

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

Our priorities are to:

1) Provide strategic leadership across Kirklees for Adult Safeguarding through effective collaborative working.

This year we said we would work towards the Board and its members being visible and outward facing. We also said we would work effectively with other strategic partnerships.

Key achievements include:

- ✓ Undertaking joint partnership work with the West and North Yorkshire and City of York Safeguarding Adults Boards.
- ✓ Signing up to a joint vision with Kirklees Safeguarding Children Board and Community Safety Partnership, and holding a joint Safeguarding Week with them developing our engagement strategy.

And next:

- Take the joint vision forward by continuing to work closely with other strategic partnerships on themed areas.
- Improve our understanding and gain stronger evidence of community awareness of safeguarding.

2) Gain assurance that adults are safeguarded through timely and proportionate responses when abuse or neglect have occurred, applying 'Making Safeguarding Personal' approaches.

We said we would continue to work toward Safeguarding Practice being focused on outcomes and experience, not process. And that people who have experienced harm are empowered and feel outcomes are improved.

Key achievements include:

- ✓ Continuing to develop practice in line with 'Making Safeguarding Personal'.
- ✓ Delivering training that promotes and embeds 'Making Safeguarding Personal'.
- ✓ Auditing Safeguarding situations.
- ✓ Supporting Local Authority, as the lead partner agency for undertaking Safeguarding enquiries, to encourage more proportionate reporting of abuse and neglect.

And next:

- Continue to seek assurance that Making Safeguarding Personal is fully understood as part of everyday practice and improve our analysis of data to help us to do this
- Undertake themed audits where indicated through this analysis.

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

Like last year, we said we would continue to support work on prevention and early intervention and continue to promote prevention of financial abuse.

Key achievements include:

- ✓ Sharing learning from our Safeguarding Adults Reviews.
- ✓ Developing strategic links with working to the Kirklees Early Intervention and Prevention Programme.
- ✓ Refreshing the See Me and Care campaign.
- ✓ Holding a successful network event highlighting local best practice on preventing financial abuse.

And next:

- Play our full part in contributing to the Kirklees wider prevention and early intervention work through participation in the work of the newly formed Joint Integration Board – Health, Social care and Housing.

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

This year we said we would disseminate learning across partners in Kirklees and reflective practice is encouraged. And make sure The Mental Capacity Act (MCA) is further embedded into practice.

Key achievements include:

- ✓ Continuing to run existing multi agency network events.
- ✓ Using the Board's Safeguarding Adults Review framework and providing training for our Safeguarding Adults Review Sub Group members.
- ✓ Promoting the Mental Capacity Act with an event for care providers focusing on good practice.
- ✓ Evaluating our existing training approach.

And next:

- Continue with networking events as a key way of engaging with professionals from across the system
- Continue our work to evaluate the impact of multi-agency training and identify future need and approach.

5) Provide oversight of the effectiveness of partners' safeguarding arrangements and improvement plans.

Like last year, we said we would make sure the Board has assurance mechanisms in place that enable it to hold agencies to account.

Key achievements include

- ✓ Strengthening our lay membership.
- ✓ Adopting a revised assurance framework.
- ✓ Adopting a refreshed, independent, Agency Audit Framework.
- ✓ Holding our annual Challenge Event for partners.
- ✓ Commencing work looking at how to analyse data from our partner agencies, so we can increase our understanding of the prevalence of abuse and neglect.

And next:

- Use the improved Assurance Framework to commission targeted audits and strengthen challenge event interviews
- Use feedback from adults who use care and support services, carers, advocates as well as Healthwatch and service providers to help us to do this

Work we have undertaken throughout 2016/17

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

“It is essential that the board continue to provide even-handed and objective oversight, and challenges wherever issues of poor practice and unsatisfactory outcomes are identified. We are clear about our function as system leaders with others to work towards achieving our primary aim to keep the people of Kirklees safe. As an outward facing board we are committed to collaborative ways of working.”

Our members

We have built on work we started last year, when we appoint our first Independent Chair. This year we wanted to make sure that the board and its members are more accountable, visible and outward facing, so we have clarified the role of the Vice Chair, a position taken by one of the board’s statutory partners.

The Vice Chair is appointed for a period of 3 years, and acts as deputy to the Independent Chair. This ensures consistent leadership across the partnership. In the absence of the Independent Chair, the Vice Chair will chair meetings of the KSAB, and provide impartial support and advice when requested.

The Vice Chair also plays a key part in the development of the Delivery Group by leading and chairing it, and undertakes a leadership role in the continued development of our partnership work.

The Delivery Group has been created to strengthen partnership ownership of the boards’ work. It co-ordinates the development and implementation of objectives and priorities outlined in the strategic plan, establishes Sub-Groups, Task-and-Finish Groups and public engagement arrangements, as appropriate; and helps drive the development of good practice in Safeguarding Adults work.

We’ve also strengthened our lay membership this year – by appointing a second lay member. The role of the lay member has been crucially important for a number of years, but as we seek to become more person centred and more participative in the way we work, we recognised that it was important to increase the profile of this role. They work at a strategic level to provide lay, service user and carer perspectives.

Our lay members are asked to attend board meetings and other meetings where the lay member’s perspective is required. They assess evidence and information provided at meetings to form views and opinions; they ask appropriate questions on issues at board meetings and contribute to the formulation of board decisions.

The board took another step to becoming more outward facing this year and now publishes its minutes. This is to increase the transparency of the board's actions and achievements and those of its partner agencies. In turn, this should help to increase public awareness of the independent nature of the board and how it seeks assurances from its members regarding safeguarding issues.

Working with Healthwatch Kirklees and developing our Engagement Strategy:

We know we need to improve our understanding of community awareness of adult abuse; our relationship with Healthwatch is one way of helping us do this. Last year we broke new ground when it independently evaluated how much learning had taken place in Kirklees following a Safeguarding Adults Review. We also consulted over the development of our first [Strategic Plan](#).

This year the relationship has continued to develop in a dynamic way. We asked Healthwatch to support our Independent Chair and lay members at our annual Challenge Event, when partners are asked to account for the work they have undertaken. This provided an additional level of transparency and scrutiny. We will continue to work in partnership with Healthwatch and our local third sector as we fully implement our engagement strategy over the next year.

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.

'Stronger together – working for a safe and healthy Kirklees' –continuing to Work effectively with other strategic partnerships and the Police and Crime Commissioner:

There are five boards who work to promote safe and healthy communities across Kirklees. Whilst each board has its own specific roles, the boards also have shared values and, often, shared priorities and areas of work.

The boards already work together in helping to keep local people safe and healthy within strong and supportive communities. At the same time, we recognise that closer, more formal links will support our work and achieve a wide range of benefits - contributing to a shared ethos of being person-centred with a focus on individual, family and community wellbeing.

The five Kirklees Boards are the Safeguarding Children's Board, the Safeguarding Adult's Board, the Community Safety Partnership, the Health and Wellbeing Board and the Children's Trust.

Safer Kirklees brings together the Council, Kirklees Neighbourhood Housing, West Yorkshire Police, Fire and Rescue Service, the Office for the Police Crime Commissioner and Offender Management Services to work with local people to collectively make Kirklees a safer place. Its work focuses on reducing crime, tackling anti-social behaviour, improving confidence and protecting people from serious harm.

Protecting people from serious harm includes a wide range of areas including domestic abuse, child sexual exploitation, human trafficking, female genital mutilation and preventing violent extremism.

All of these areas require community safety partners to work in collaboration with those from Adult's and Children's to safeguard people at the earliest stage. The Kirklees Safeguarding Children's Board provides the framework for making sure that effective services are provided by partner agencies, including Kirklees Council, Health Organisations, West Yorkshire Police, West Yorkshire Probation, and the voluntary/community sector, to safeguard and promote the welfare of children in Kirklees, particularly protection from harm.

About 18 months ago, the Community Safety Partnership and the Safeguarding Boards for Adults and Children recognised the need to work collaboratively to ensure there were effective strategic and operational connections to keep people safe and protect them from harm at the earliest opportunity. This approach is keenly supported by the Police and Crime Commissioner, the work that we do feeds in to the outcomes of the Health and Wellbeing Boards and the Children's Trust.

Since then we have had some strategic workshops to take stock of the current position and identify areas where we needed to focus on. As a result of this work, we ensured there were better connections with some of the areas mentioned above and for other areas it was about developing a new joint strategy to build on existing approaches.

In October 2016 the partnerships came together for Kirklees' first ever Safeguarding Week to launch a joint statement reflecting our ambition.

Safeguarding Week had 2 key aims:

- To strengthen the extensive work undertaken by the 3 Boards and partner agencies to safeguard children, young people and adults, and support partners and staff in their safeguarding roles.
 - To raise public awareness around the services delivered - promoting key messages for the week around keeping safe, speaking up if you have any concerns, early intervention and prevention and importantly, breaking down stigmas and fears around safeguarding.
- A variety of communication methods were used, including pavement vinyls, button badges, info-bus banners, information packs and Social media (Facebook and Twitter) was also used.
 - People from Kirklees Involvement Network (KIN), Kirklees Youth Council (KYC), and Huddersfield Pakistani Community Alliance volunteered their time to get involved in producing a video "What makes me feel safe". This short film formed part of the series of presentations at the launch event.
 - 40 events and activities took place over the week including an Opening Launch.
 - Use of theatre performances.

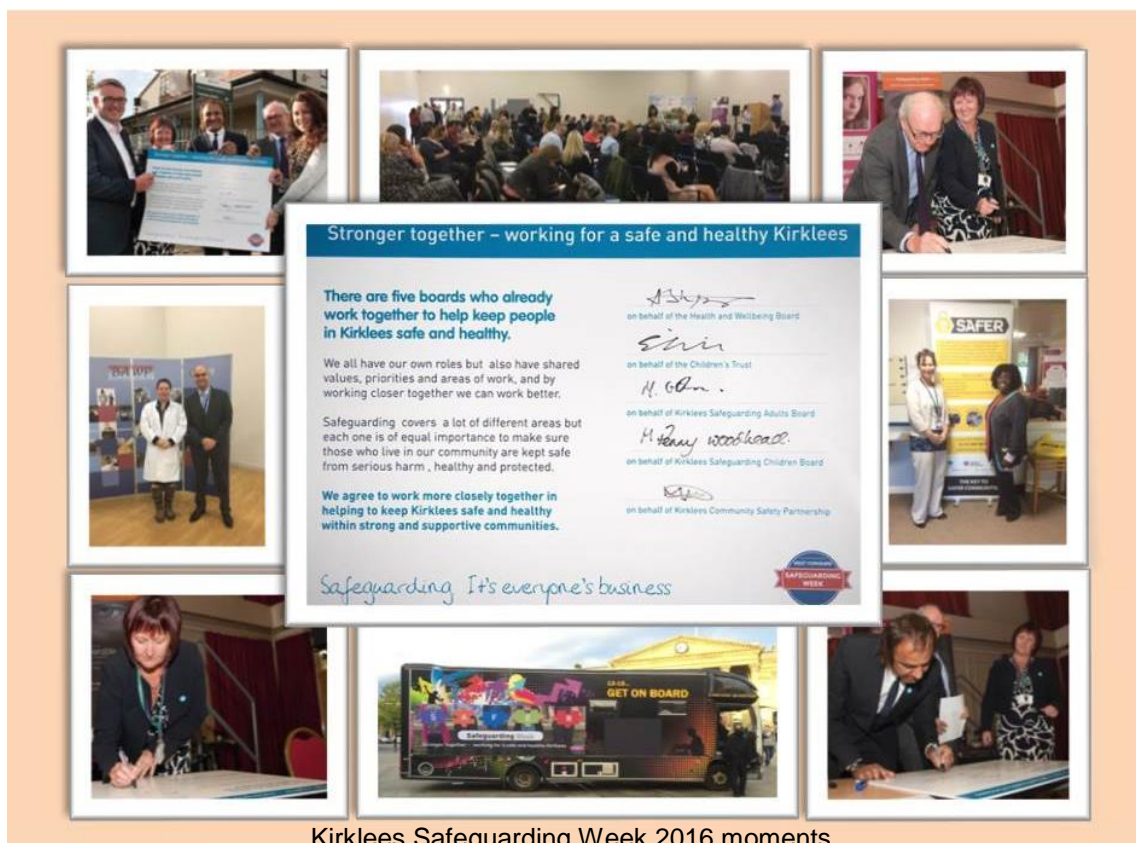
Workshops and briefings included:

- Raising awareness of sexual violence.
- Raising awareness of Prevent – WRAP (Workshop to Raise Awareness of Prevent).
- Making Safeguarding Personal.
- Domestic Abuse briefing including Live Safe Hub and Choices Perpetrator Programme.
- Disclosure and Barring Service (DBS).

During the week we started work on proactively reporting on the work of the board, highlighting areas of good practice and using social media as a way of disseminating information. This included some work on raising community awareness of adult abuse and neglect and how to respond.

Since Safeguarding Week and the launch of the statement, the Adults Board has refreshed its protocol with the Health and Wellbeing Board and continues to develop working relationships with these partnerships and with elected members. During the year we have also undertaken joint work on the Female Genital Mutilation Strategy, and received update reports from other cross cutting areas – such as Human Trafficking, and ‘Prevent - WRAP’.

The Kirklees FGM Strategy 2016 produced by all three Boards is focused on preventing FGM through education, and identifying women and girls at risk so that they can be protected from harm. Where FGM has occurred, either recently or at some point in the past, the strategy ensures that appropriate support is put in place for the woman or girl’s physical and emotional wellbeing.



Kirklees Safeguarding Week 2016 moments

Undertaking joint partnership work with the West and North Yorkshire and City of York Safeguarding Adults Boards

The Multi – Agency Safeguarding Adults Policy and Procedures currently in use across West Yorkshire, North Yorkshire and York, were developed in accordance with the requirements of the Care Act 2014, and implemented from April 2015. It was always envisaged that a review would take place to ensure the procedures deliver effective, proportional, person centred approaches that support people to be safe and promote their wellbeing. This year, the Kirklees Safeguarding Adults Board has been actively involved in the review, working closely with our regional colleagues on this joint work to promote best practice.

Working with the Domestic Abuse Strategy Partnership to finalise a local approach to Adult Safeguarding and domestic abuse

A significant proportion of people who need safeguarding support do so because they are experiencing domestic abuse. Despite the clear overlap between work to support people experiencing domestic abuse and safeguarding adults work, the two have tended to develop as separate professional fields. The Care Act 2014 requires clear strategic and practice links to be made between the approaches

In order for good practice to develop and flourish, there are steps that organisations can take to provide the best environment to support good practice.

This includes:

- Ensuring that staff understands that many circumstances are both safeguarding situations and domestic abuse, and that they have a range options with which to work with people.
- Ensuring that organisational policies, protocols and procedures about safeguarding explain the links with domestic abuse and, similarly, policies, protocols and procedures about domestic abuse refer to safeguarding.
- Ensuring that there are effective and clear links and arrangements between safeguarding services and MARACs (Multi agency risk Assessment conferences).
- Ensure all relevant sectors of the workforce have access to training and awareness raising, including integrated training that covers both safeguarding and domestic abuse rather than treating them as separate issues.
- Contribute effectively to, and learn from, Safeguarding Adults Reviews, Serious Case Reviews and Domestic Homicide Reviews identifying what organisational changes can be made in order to reduce the risk of death and serious harm occurring in the future.

This year the board has been working closely with the Domestic abuse partnership here in Kirklees to help make these links better understood.

Promoting a learning culture by undertaking Safeguarding Adults Reviews, and sharing the learning from them

The KSAB Safeguarding Adults Review (SAR) framework sets out the criteria for when the board must or may commission a SAR and a menu of options for conducting one. It also includes how learning from our SARs and from other SARs nationally will be acted on in Kirklees.

This year we have shared learning by newsletters and network events, and by commissioning specific pieces of work in relation to sharing learning, but this area continues to be one we need to develop. Our Engagement strategy and learning framework, which will be completed during 2017, should enable us to do this better.

Learning Disabilities Mortality Review (LeDeR) Programme

Over the last 2 years a focus on improving the lives of people with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health.

In November 2016 the national LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD). LeDeR involves reviewing the deaths of all people with learning disabilities aged 4 to 74, identifying the potentially avoidable contributory factors related to their deaths. It also looks at best practice and develops actions to make any necessary changes to Health and Social Care Service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive. Good practice examples will be written up and shared nationally.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required. In Kirklees, we've ensured the right links are made with Safeguarding Adults Review.

Working with 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 2017). The Police and Crime Commissioner (PCC) sees that whilst there are distinct differences between Adult and Children's Boards and also Community Safety Partnerships, there are also increasing opportunities for improved working together, shared strategies and problem solving. The PCC's office continues to actively support our work with the other partnerships here in Kirklees.

Working with 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.

Our Independent Chair meets quarterly with the local authority Chief Executive and in addition, the Cabinet Member for Health, Wellbeing and Communities receives regular briefings around safeguarding performance, current safeguarding issues and challenges in Health and Social Care. She also receives a regular update report on key board activities and local and national developments. Cabinet members played a key leadership in our launch of Safeguarding Week

As in previous years, the KSAB Annual Report was presented to the Health and Wellbeing Board and The Health and Social Care Scrutiny Panel.

Safeguarding issues have continued to be an important part of development opportunities for Councillors. Core Safeguarding training on the role of Councillors was offered to all new Councillors in 2016. This will continue to be part of induction packages to ensure that all new Councillors have an early introduction to Safeguarding issues and understand their role and how to respond appropriately. A core session was also held in March 2017, targeted at the few Councillors who had been unable to attend previous sessions. A further core session is timetabled for July 2017. A series of factsheets on cross cutting themes, such as Human Trafficking and Female Genital Mutilation are being developed on a range of subjects for elected members.

Work is now underway planning for the annual Safeguarding Refresher training to take place in October 2017. It will take the form of a roadshow with Councillors receiving an introductory update followed by attending thematic workshops on Safeguarding issues relevant to the Kirklees District.

Continuing our Links with NHS England

NHS England has been a member of the Kirklees Safeguarding Adults Board for some years. It is the policy lead for NHS Safeguarding, working across Health and Social Care, leading and defining improvement in Safeguarding practice and outcomes. It has an assurance role for Safeguarding in healthcare and also in sharing and promoting best practice. 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>

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

Feedback from adults at risk:

‘My experience was much better with this concern that it was 7 years ago. The system has undoubtedly improved. I was involved at the right time’.

‘It is important to have the information you require, not what they think you need to know’.

Making Safeguarding Personal (MSP) is the key driver in making sure adults are supported to have a choice. It is about making sure that people are at the centre of and are better informed about what Safeguarding is. The Care Act reinforced the key principles of MSP, by requiring person centred practice.

A part of national work underpinning this is ‘The Making Safeguarding Personal (MSP) Temperature Check’ which was commissioned by the Association of Directors of Adult Social Services. This was undertaken in the form of a ‘coaching conversation. Kirklees, along with many other Local Authorities, participated in this project.

The conversation covered a range of areas including where MSP fits into organisational strategies and ways of hearing service users' voices. It also covered staff training and development. The conversation asked for a self-assessed rating on each of the above areas. The MSP Temperature Check indicated that whilst we have good Board leadership and a partnership engagement, we have more work to do.

In Kirklees a small Task-and-Finish Group, led by the Local Authority has been working on the following areas identified:

- Asking adults at risk and /or their advocates about what they want to happen about a Safeguarding concern.
- Promoting multi-agency training which emphasises Making Safeguarding Personal.
- Promoting the use of advocacy
- Providing information in easily accessible language
- Obtaining feedback from people who have experienced Safeguarding to help us improve our practice.

Evidence from a range of audit activities indicate that progress has been made and practice influenced by MSP in all the above areas, but we still have some way to go. We need to be routinely measuring how we make a difference across the partnership to peoples’ lives, and undertaking this in a sensitive and effective way. While the Local Authority is the lead agency for this area of work, the Board needs to have continued oversight of this.

The Board has a responsibility to assure itself that an effective and accountable Safeguarding system operates within Kirklees. This includes having an assurance

that the partnership complies with the implementation of government guidance and legislation and implements recommendations from major national reviews.

The Local Authority is the lead partner agency for undertaking Safeguarding enquiries (as defined in the Care Act) and has undertaken a significant piece of remodelling this year. The impetus to change the existing Adult Safeguarding operating model came from a need to ensure outcomes for individuals, families and carers that are positive, personal and where necessary, reduce risk.

In order to achieve meaningful change and transformation in a high pressure service a systems thinking approach was utilised. This supported a review of the model and included workers from every level of the service in resolving challenges en route to designing an outcomes led, personal and safe new model. The central role of workers in designing and testing the new model was essential to its success since they maintain expertise and intimate knowledge of how the system works.

The initial development phase, which benefitted from great support from Key Partners of the new operational model demonstrated:

- Person centred design.
- Responses to individuals, carers and families using a personal approach.
- Proportionate response and by the right service.
- Focus on risk and decision making, developing a Skilled Professional workforce.
- Management focuses on support, enabling, challenge and driving improvement.
- Greater adherence to principles of Making Safeguarding Personal (MSP) and positive service user feedback (individuals contacted; felt their experience was outcome focused).

Work is currently progressing to review the whole Safeguarding Pathway within the Local Authority from end to end. This reflects the challenge offered by the review mentioned above and ensures the whole service users journey is Care Act and Making Safeguarding Personal compliant, in the best possible way.

Our auditing activity

The Safeguarding Adults Board monitors numbers of concerns, outcomes and themes; ensuring action is taken to address identified practice concerns (more information is found at Appendix 1) and quality assures the response to the Mental Capacity Act (MCA) across the partnership.

The board has had for a number of years, a schedule for auditing Safeguarding cases. This audit schedule was jointly linked to run by the Local Authority as a result of a previous inspection regime. Last year the Local Authority refreshed its own approach and developed its 'Achieving Excellence in Adult Social Care Programme'. Although the Board has always undertaken some independent audit activity, we have used this as an opportunity to totally separate out this former joint audit function, and to this year redesign its own independent, multi-agency audit framework, which we will be doing from now on.

While this separation has been underway, audit activity has continued to ensure the Board remains assured about the adherence to policy and procedures and that adults are safeguarded in a way that gives them choice. Over the year we have looked at appropriate decision making about safeguarding concerns and follow on action. We've also looked at Case Conferences records and use of advocacy. In addition we have also observed Case Conference practice and undertaken telephone questionnaires with a sample of service users.

The key themes examined included, adherence to Making Safeguarding Personal, within the current policy and procedures, managing risk, consideration of Mental Capacity and evidence of clear rational decision making.

Below is a summary of the themes and findings:

Our audit findings

- Overall the audits indicated that Making Safeguarding Personal is continually being embedded into practice and the audits evidenced that once a case followed a formal safeguarding process, (as our current policy and procedures require), practitioners worked hard to ensure the focus remained on the wishes, beliefs and outcomes that the adult at risk wants.
- All the audits showed that the support needs for the adult at risk are being considered and the adult was being appropriately supported. The uptake of independent advocacy was lower than anticipated by changes brought about by the Care Act 2014. But in most cases the adult at risk was supported by family, but where required an Independent Mental Capacity Advocate (IMCA) or other advocates were appointed.
- All audits identified that Mental Capacity was considered and where required, assessed throughout the Safeguarding process.
- The audits demonstrated that risk was considered and managed at all stages of the process.
- All audits showed that decision making by practitioners was clearly recorded and appropriate.
- The audits are showing that recording of cases in the main was of good quality.

Key Areas for improvement included:

- Supporting adults at risk to attend meetings if they wish.
- There needs to be more evidence to support the lack of capacity recorded.
- Continued work on ensuring good quality of recording and good use of protection planning.

For the future

As our [Strategic Plan](#) outlines, we have plans to ensure our practice will become more person centred. As we develop and embed our engagement strategy, we will be able to have better mechanisms for ensuring we get better feedback and that people who have experienced harm are empowered and feel outcomes are improved for them.

3) Preventative strategies

'I just wanted to say a big 'Thank you' for having us as guest speakers. As a result of the event we gathered 13 contacts on the day, we are in the process of arranging 4 Partner Training sessions with various teams, had one request to attend a home visit with a social worker who believes one of her elderly clients is responding to scam mail. And I have been contacted by Huddersfield University about the possibility of giving a lecture / developing a training package for Social Workers – which will have far-reaching results'. - Catherine Chadwick-Rayner from West Yorkshire Joint Services, – feedback from our network event on Preventing Financial Abuse.

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, and by supporting a number of initiatives, including learning from Safeguarding Adults Reviews, we aim to improve the quality of care and prevent safeguarding issues arising in the first place.

Learning from our Safeguarding Adults Reviews

When an adult who needs care and support either dies or suffers serious harm, and when abuse or neglect is thought to have been a factor, Kirklees Safeguarding Adults Board needs to undertake a Safeguarding Adults Review.

Sometimes Safeguarding Adult Boards will also arrange for a SAR to take place in other situations where they feel there need to be lessons learnt about the way organisations worked together to support the person who suffered harm.

We undertook a SAR into the circumstances surrounding a very sudden Care Home closure which was upsetting for residents and relatives, and staff working in the home, because of the speed of the closure, and was challenging for the professionals working to support them. The board is still monitoring some recommended actions from this review. The report can be found: [The Closure of Oxford Care Home](#)

A number of recommendations arose, one was that the Local Authority, Health Commissioners and the Care Quality Commission jointly review their approach to the management of quality in the care provider market so that the best possible standards are maintained, and early preventative action can be taken.

Work was already underway on updating the strategy for residential and nursing homes in Kirklees. This was developed out of a recognition that Care Homes in Kirklees, in common with the rest of the country, are facing very real difficulties – in recruiting and retaining the right workforce; in being able to support older people with increasingly complex needs; in having enough resources to remain viable as businesses; and in creating and sustaining a suitable environment to meet these changing needs.

The Safeguarding Adults Board has been kept apprised of this piece of work because of the crossover with the Safeguarding Adults Review. A number of other actions have been undertaken by partner agencies and the board is still monitoring improvements made. They include multi-agency actions to improve coordination of all the different services there are to support Care Homes, to prevent issues of abuse in care settings arise in the first place, and to provide a better coordinated response if a Care Home sadly closes.

The board is still maintaining an oversight of a recommendation from a Serious Case Review published in 2014, where an elderly man with dementia (Mr F) died in tragic circumstances.

The Dementia Challenge in Kirklees: A joint dementia strategy, (2015 - 2020) incorporates a comprehensive action plan, which sets out the actions required to improve the health, wellbeing and experience of services by individuals living with dementia and of the people who care for someone living with dementia and the recommendations identified following this Serious Case Review.

Continuing to support a partnership approach to Early Intervention and Prevention

Last year we 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. It involves doing things differently; focusing more on prevention as well ensuring people are kept safe.

The board continues to receive regular updates on the Early Intervention and Prevention approach and to work to support and influence this work programme.

Refreshing the 'See ME and Care' campaign

Kirklees Safeguarding Adults Board began the first 'See ME and Care' campaign in 2013, with phase 2 following soon after in 2014.

A key prevention approach - The campaign (targeted at health and social care workers) is about challenging poor practice in care and promoting a message for staff about treating people how you would want your own family and friends to be treated. It is part of the continuing work to promote dignity in care and to prevent 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.

Following a positive evaluation of the most recent campaign, the board decided to refresh the campaign and the brief was to make it relevant to everyone.

Everyone has their own part to play in the lives of others, be they; care workers, the police, mobile library staff, boiler repair men, Kirklees Council Housing Services staff, people coming to read the utility meter, neighbours - everyone.

With this in mind, KSAB teamed up with Curtain Up Players (a local community drama group) and Huddersfield based media company, Quickfoot Films, to produce a short film.

Written and performed by members of Curtain Up Players, the film highlights a very real situation that could, and does happen every day in family life.

The powerful message "*Little things make a difference*" can be viewed at www.kirklees.gov.uk/seemeandcare

The Board extends special thanks to Curtain Up Players for taking time to be part of this campaign.

Many issues can be dealt with quickly and resolved immediately. The 'See ME and Care' campaign encourages staff to take responsibility for their actions, noticing when things are not quite right, challenging others and taking action, and if necessary raising the issue with their manager.

As part of this campaign the board has a checklist 'Early Indicators of Concern Form' to be used by professionals across the Safeguard Partnership when visiting care settings within Kirklees.

The information from these forms is collated by partner agencies and used to form an overview of practices within care settings. This is a really useful way of addressing and recording concerns about poor practice before it becomes abusive.

Highlighting work on preventing financial abuse

Through our close working relationship with the Kirklees Financial Inclusion Steering Group we have been able over a number of years to support work to improve the awareness of financial abuse. This year we worked jointly with them to plan our multi-agency network event looked at preventing financial abuse. Over 120 people attended from a range of partner organisations.

A range of speakers from West Yorkshire Joint Services, Kirklees Adult Social Care, Pennine Domestic Violence Group and Kirklees Victim Support all delivered presentations at this event, which provided valuable information and insight into what each of the organisations provide to help prevent financial abuse and the support they offer when it occurs. The feedback and evaluation of the event was extremely positive both from the attendees and speakers.

Promoting good practice in end of life care

‘I thought the presentation was absolutely outstanding and would like to thank her for taking the time to share her devastating experience in order to enlighten others’ - Our Dignity in Care and Dementia network event this year focused on promoting dignity at end of life. The event, which attracted over 100 speakers, heard a presentation from a local carer, who bravely spoke of her own experience, and from local professionals showcasing good practice.

Embedding our approach to 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, which we undertook last year, when we approved guidance for managing self-neglect and a framework for hoarding. Situations where someone appears to be self-neglecting are complex and challenging and this year we have delivered training to underpin these protocols and monitored their use. We have also revised them on the basis of some feedback from the partnership.

Promoting safety – expansion of the Safe Places Scheme

‘If you need help you might not know who to ask or trust. You might feel scared and alone. A ‘Safe Place’ is somewhere you can go to for help if this ever happens to you.’

‘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 scheme is partnership arrangement delivered by Mencap in Kirklees, with support from the Learning Disability Partnership Board, Metro Travel, the Kirklees Dementia Action Alliance, Alzheimer’s Society and Making Space.

The board has actively supported this scheme for a number of years as part of its prevention agenda. The ‘Safe Places’ scheme originally focused on individuals with learning disabilities, but is for people who are over 16 and who might be vulnerable when they go out. At present it is for people who may have a learning disability, autism, dementia, or a physical disability. New partnerships have also been encouraged; it currently has 520 Members and 113 venues.

Monitoring Deprivation of Liberty pressures

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.

Producing Guidance on the Administration of Covert Medication

New guidance has been produced by the KSAB, based on a recent legal judgement and National Institute for Clinical Excellence (NICE) guidance.

The administration of covert medicines is a complex issue and involves the administration of a medicine in a disguised form to someone without their knowledge or consent. Failing to respect a competent adult's refusal to take a prescribed medication may breach a person's human rights and may amount to a criminal offence.

Individuals, who are competent to make their own decisions, are entitled to refuse treatment even when this decision may adversely affect their health. Care staff should not administer medicines to a resident without their knowledge, if they have the capacity to make a decision.

4) Multi-agency workforce development and specialist training

Feedback from practitioners who have attended our training:

“I want to feel more confident about asking the right questions particularly around finance, consent to sexual relationships and medication”

“I now take time to assess what the situation is; I plan appropriate questions to get to know their side of the story. It helps to build up the relationship by listening to theirs and other’s accounts”

“I really understand that people have the right to make unwise decisions”

Training in 2016 – 2017

The Training Sub Group aims to deliver and implement a strategic approach to learning and development, support partner agencies in raising the skills and competencies of staff and volunteers, and promotes inter agency collaboration.

It also contributes to the implementation of multi-agency policy, procedures and guidance to safeguard adults at risk from abuse or neglect in Kirklees, and help them to live a life free from abuse and neglect.

The sub group oversees the development of the board’s training plan and ensures all training it commissions or delivers is consistent with policy and promotes best practice. It also ensures that Mental Capacity Act (MCA) and Making Safeguarding Personal are integral to the delivery of all safeguarding learning events. It links to other areas of training, for example Dignity in Care and Deprivation of Liberty and also focuses on learning from our Safeguarding Adults Reviews.

It works in partnership with the Kirklees Safeguarding Children Board training work stream and Kirklees Community Safety Partnership on shared agenda/delivery where appropriate.

Multi-agency learning is complex, and the Care Act enables Boards to rethink the approach laid down in ‘No secrets’ statutory guidance of 2009. This year the sub group has commenced a major piece of work on evaluating the whole multi-agency approach to learning, and to develop a learning framework to help the Board have a more up to date approach.

The next section summarises key safeguarding training activity for 2016 – 2017.

Key training achievements 2016 – 2017

In 2015 we made sure all training that the board commissioned incorporated the key messages of Making Safeguarding Personal. In 2016 we wanted to see what that meant in practice. We took an independent look by auditing some of the training courses that were currently being delivered. The audit evidenced that the delivery of the courses contained the key messages and the principles of MSP. A further audit took place in 2016 to find out whether the people who attended the training were now applying MSP messages and principles into their work practice. The report highlighted some barriers to putting MSP into work practice and some positive examples where this is happening. Recommendations from the reports have been implemented into 2017/18 Adult Safeguarding Training Plan.

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.

The Safeguarding and Dignity in Care Networks

The Safeguarding and Dignity in Care Networks, mentioned elsewhere in the report 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. These events always evaluate very well. 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.

Developing a Learning Culture from Safeguarding Adults Reviews

The Board's Safeguarding Adults Review 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.

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, and although we have done this by a series of events and newsletters, and by attending training events arranged for the Yorkshire and Humber Region we continue to work on how to embed learning effectively.

The Oxford Grange 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, and the board arranged for the Social Care Institute of Excellence (SCIE) to undertake some specific training for staff involved in such difficult circumstances. During the training the participants worked to identify the strengths and challenges in current practice. The group then went on to draw out specific strategic questions relevant to organisational improvement and development – these are being taken forward.

The board has also shared relevant learning from a Serious Case Review from the Children’s Board, and considered a recommendation from a recent Domestic Homicide Review.

Evaluating our existing training

The KSAB training plan specifically includes training focused on desired outcomes for the service user - making sure Making Safeguarding Personal is a thread which runs through all training.

This year the Training Sub-Group arranged for an audit of a number of training courses to see if the messages and principles of MSP were being delivered throughout the training.

A follow up evaluation took place to see if the people who attended the training were now actually putting MSP messages and principles into their work practice. The report highlighted some positive examples where this is happening, and identified some barriers preventing putting MSP into work practice.

Recommendations from the reports have been implemented into 2017/18 Adult Safeguarding Training Plan.

5) Oversight of the effectiveness of partners’ safeguarding arrangements and improvement plans.

Our Independent Chair says:

“We recognise that this is core to our purpose, and strengthened Assurance Framework will help us focus on this key area over the next year.”

Our Independent Chair

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.

Our challenge event

This year the Board Challenge Event involved 2 panels, one chaired by Mike Houghton-Evans (MHE) and the other by Hazel Wigmore, Lay Member. Additional independence and transparency had been provided this year by the Director of Healthwatch Kirklees, and through the presence of our new lay member. At this event board members are asked to account for performance in their own agencies. Feedback is then included in a number of activities for the board to take forward.

Lay membership

As outlined earlier in this report, we have had active lay membership on the board for a number of years and this is fundamental to how the board works effectively. A lay member is a member of the public, who is also a resident in Kirklees, with an interest in safeguarding who participates in and scrutinises decisions made by the board. This year we have strengthened our lay membership to provide additional scrutiny and challenge.

The Delivery Group

This year we have implemented arrangements for oversees the priorities outlined in the strategic plan, implementing lessons learned from Safeguarding Adults Reviews and driving the development of good practice. The Delivery Group coordinates these arrangements.

Working with our new Quality Assurance Framework – work in progress

The refreshed framework, approved this year, is designed to enable the board to check that Safeguarding arrangements are effective and are delivering the outcomes that people want. The framework is the mechanism by which the board will gain assurance of the effectiveness of the Safeguarding work of statutory and other partner agencies, and that the board is meeting its key priorities.

The Quality Assurance Framework consists of a rolling programme of activity, assessments and reports into the quality and effectiveness of systems, and arrangements. It enables the board to triangulate a variety of information, both about quantity and quality, from different sources to objectively evaluate the effectiveness of arrangements, rather than relying on a single means of assessment.

The Framework consists of 4 key areas which are all interlinked.

The aim is to assist the Board answer three key questions:

- How safe are those adults at risk of abuse or neglect in Kirklees?
- Are local agencies working effectively internally and together to safeguard people?
- Are adults safeguarded in a way that supports them to make choices and have control about how they want to live?

The Board will use information from the following to determine this:

- Information from Integrated Performance Dashboard – currently under development.
- Information that Safeguarding arrangements deliver the outcomes that people want – assisted by our engagement strategy. Learning from Safeguarding Adults Reviews and our audit schedule – also refreshed this year.
- Evidence of Effectiveness of Partners of the Board – by continuing to hold regular Annual Challenge events.
- Performance of the KSAB – for example by peer review arrangements.

Audit Schedule

The board has had an audit schedule for a number of years. In previous years this schedule and associated actions was currently owned jointly by the Quality and Performance Sub-Group (Q&P) and Adult Social Care. This was as a result of a recommendation from a previous inspection regime, and had many strengths.

However, now the board is independent, it needed to demonstrate more clearly that it undertakes independent audit activity on a multi-agency basis and the schedule and approach has been revised.

During the year a range of audit activity will now take place which will give assurances that the board is meeting its statutory obligation. Multi-agency independent audit activity will be undertaken by the board regardless of what audit activity each agency may be already undertaking themselves.

The integrated performance dashboard will be analysed and scrutinised by the Quality and Performance Sub-Group (Q&P) of the KSAB.

From this analysis if any themes are identified for an audit, the Quality and Performance Sub-Group (Q&P) will seek to commission audit activity.

The Quality and Performance Sub-Group (Q&P) will lead on ensuring audit activity takes place around themes including:

- Proportionate and appropriate intervention.
- Appropriate involvement of agencies.
- Appropriate use of procedures.
- Use of Mental Capacity assessments.
- Use of advocacy and provision of appropriate support.
- The Adult at risk was the focus of the intervention following principles of the Making Safeguarding Personal.

Audits to be carried out may include:

- Case file audits
- Questionnaires to adult at risk

The Delivery Group is the key lever in ensuring the Quality Assurance Framework is implemented, and to support board members deliver this work in a spirit of openness, transparency, and challenge.

Sometimes the board will decide to Commission totally independent pieces of work, particularly to see how effective any changes have been following Safeguarding Adults Reviews. This year we asked the Social Care Institute of Excellence (SCIE) to undertake a workshop with front line practitioners and managers, to see how the learning from the Oxford Grange Care Home closure can be taken forward. The board is currently looking at its recommendations.

Agency Achievements

Calderdale & Huddersfield NHS Foundation Trust

The Safeguarding Children Policy and the Domestic Abuse Policy has been reviewed and updated

Developed and implemented a robust safeguarding dashboard that is presented at our internal Safeguarding Committee meeting

Sharing key Safeguarding messages with staff is through the Safeguarding Newsletter twice yearly and the monthly virtual notice Board

A Trust Wide Audit relating to DoLS has identified improved picture from 2015-2016 audits

Our Matrons have attended Multi-agency MCA DoLS training

FGM eLearning is now an essential skill for targeted groups of staff

Appraisal documentation has been amended so staff can include the number of hours safeguarding training undertaken

Reviewed all trust staff who require Safeguarding Adults training at levels 1, 2 and 3 in line with the draft intercollegiate document for Safeguarding Adults

Reviewed and restructured the Safeguarding Committee meeting which now reports directly to the Quality Committee, which reports directly to the Trust Board of Directors

North Kirklees and Greater Huddersfield Clinical Commissioning Groups

We have developed a suite of Safeguarding Policies for CCG staff including:

- A combined adults and children's policy (which includes Making Safeguarding Personal)
- MCA/ DoLS policy
- Domestic abuse policy
- Prevent policy

We have developed two Safeguarding Standards self-assessment documents for CCG Commissioned health providers (includes MSP) – for GP's and for main health providers. Both standards documents were implemented and completed by providers and actions plans are in place to address areas of development

We were audited by NHS England on our Safeguarding arrangements – the results were that almost all requirements were green, with amber areas addressed within days

We've employed a named GP Safeguarding Adults to work with CCG Safeguarding Team supporting GPs

CCG staff have undertaken the required level of Prevent WRAP training and basic awareness dependant on their role

We've delivered Combined Safeguarding Adults and Safeguarding Children Training to GP practices in two planned training sessions for General Practice staff in North Kirklees and another for Greater Huddersfield. Over 130 attendees at each of the training events

We've delivered Domestic Abuse masterclasses for GPs in both areas along with Prevent Wrap for each

We Chair and participate in the Delivery Group, and have continued engagement with all the main subgroups of Board

South West Yorkshire Partnership NHS Foundation Trust

SWYPFT have further embedded the MARAC forum across SWYPFT

A Safeguarding Adults forum has been developed across the organisation to support practitioners, promote good practice and share learning

Prevent remains a key priority within the organisation

The Adult and Children Safeguarding Team have amalgamated in order to strengthen the 'Think Family' approach

The Trust has been invited to speak internationally at the Forensic Mental Health Conference in Croatia, in relation to the Prevent agenda and lessons learned from a Serious Case Review

The CQC have identified that a good safeguarding culture was evident from Board to ward and that robust systems and processes for safeguarding were in place

Locala Community Partnerships

We've developed a 3 year Integrated Safeguarding Children and Adult's strategy and implementation plan to progress the Joint Safeguarding Agendas across all Locala services.

The implementation plan incorporates key priorities of both Safeguarding Boards in Kirklees

All safeguarding policies, including MCA and Dols, Domestic Abuse and Safeguarding Adults were fully reviewed and updated, and a new policy 'Managing safeguarding allegations against staff' was developed to support and inform frontline practice

31 face to face briefings on MCA and Dols to support the application of Mental Capacity Act into everyday business were delivered and attended by 495 colleagues

Work commenced on clinical recording keeping templates within electronic health records to support colleagues to apply and embed Making Safeguarding Personal and Best Interest Decisions in practice

An increased emphasis on risk assessment in health assessments was introduced into frontline clinical practice

Flow charts and procedures on safeguarding adult issues e.g. what to do if you are worried about an adult at risk, DoLS, Forced marriage etc. were developed and are readily available to all colleagues on the staff intranet

There are Dignity champions in most services

NHS England

NHS England North has developed a Safeguarding Assurance Tool for use with CCGs across the North Region. This was used to review all action plans and to identify key themes and trends across the North Region with a view to identifying common areas requiring support

NHS England North hosted safeguarding conferences in December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse and adult safeguarding for healthcare professionals and leads in the North region. The Safeguarding Adults pocket book has been updated and the NHS Safeguarding Guide App has been launched

'React to Red' a bespoke training package for pressure ulcer prevention designed for care home staff and care providers was launched on 1st February 2016 at the Pressure Ulcer Summit in Leeds

Learning Disabilities Mortality Review (LeDeR) Programme:

Over the last 2 years a focus on improving the lives of people with a Learning Disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD)

LeDeR involves:

- Reviewing the deaths of all people aged 4 to 74 (inclusive)
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities
- Identify variation in practice
- Identify best practice
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive. The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required. The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples will be written up and shared nationally

Prevent

Across NHS England North there are a number of priority areas which are designated and supported by the Home Office, to ensure that Health embeds the requirements of the Contest strategy and Prevent into normal safeguarding processes. In December 2016, a North Regional Prevent conference was held to raise awareness of Prevent, delegates found this event a good opportunity to increase their knowledge and confidence in the role of the health sector in Prevent. Feedback received, supported that there was an overall improvement in understanding the requirements of health organisations e.g.: CCGs under the new statutory duty

Mid Yorkshire Hospitals NHS Trust

We have a fully staffed, integrated safeguarding team

We have started to embed principles of MSP but recognise we have more work to do

We offer bespoke training and support services to specific staff groups and ward and departments

We have undertaken an audit of MCA/ DOLS case files to establish baseline of current practice with resulting action plan

We are fully engaged with the safeguarding agenda across Kirklees

Kirklees Council Housing Services

We continue to embed knowledge and understanding of Safeguarding, with over 200 front line staff from both the Kirklees Council Housing Services Solutions and Kirklees Neighbourhood Housing (KNH) attended bespoke training delivered by PDVG around Domestic Abuse

A new programme is being developed specifically for the 500 KNH Property Services (ex Building Services) operatives within KNH, which will cover all basic elements of Safeguarding

Over 40 Safeguarding "Champions" have been identified across both KNH Kirklees Council Housing Services to take forward the safeguarding agenda, each of whom has, or is developing specialist knowledge about a wide range of safeguarding issues and contribute to ongoing training and awareness raising for our sector

KNH and Kirklees Council Housing Services representatives sit on the Partnership Hoarding Panel, and also contribute to the Partnership Self Neglect arrangements as appropriate

Kirklees Council Adult Social Care

Redesign of the Adult Safeguarding model with safeguarding specialists in a single point of access and specialists consultants to advise and support across the partnership

The new safeguarding model has improved quality of referrals through working with information officers, partners and members of the public. Safeguarding audits for the Safeguarding Board, largely demonstrate good practice in multi-agency safeguarding

Adult Social Care have launched Achieving Excellence in Social Care Practice (Quality Assurance Framework) for adults which includes safeguarding and MSP

We have led the development of a protocol on Self Neglect and Hoarding to support multi-agency practice in this complex area of work

Strengthened across Safeguarding Partnerships addressing cross cutting issues such as Prevent, Domestic Abuse, CSE, FGM, Forced Marriage and Human Trafficking

A Lead Professional for Social Work Practice is supporting professional practice in Adult Social Care

West Yorkshire Fire & Rescue Service

West Yorkshire Fire & Rescue Service Chair the Kirklees Hoarding Panel

The safeguarding alert form has been changed to make it more user friendly

A small group has been set up and is now in place for internal safeguarding audits

Our safeguarding policy is undergoing internal review

A 'Safe and Well' public consultation took place to gather opinions of how our resources should be used and how we can better meet the needs of our communities.

West Yorkshire Police

Kirklees Police District has an established Safeguarding Unit that consists of the following specialisms:

Adult Safeguarding	Child Safeguarding
CSE Hub	Domestic Abuse Hub
Public Protection Unit	Integrated Offender Management

There is a dedicated Superintendent and Detective Chief Inspector overseeing the work of the Safeguarding Unit along with a Detective Inspector, a number of Detective Sergeants and Detective Constables, Police Constables and Police Staff.

All Police Constables have been put forward to qualify for detective status which will not only enhance our capability for investigations but to equip staff with the skill set they need for complex matters.

All safeguarding matters within the District are referred to the Police Adult Safeguarding Unit for further assessment and dissemination

We work towards the protecting and safeguarding the vulnerable as a key priority as well as supporting victims and witnesses by tackling crime and making sure offenders are dealt with appropriately

As the Police Safeguarding team are all based together at Dewsbury Police Station, we have developed clear links with the other specialisms within the police especially around domestic abuse, CSE and missing people

All front line officers have been trained domestic abuse and vulnerability and this is a rolling training programme

Every call that is transferred to Kirklees District undergoes a THRIVE assessment. This means we assess for Threat, Harm, Risk, Investigation (opportunities), Vulnerability and Engagement whilst utilising the National Decision Model (NDM).

All our call takers and dispatchers within the district have been given group training on this matter as have front line officers. This allows for calls that have a vulnerability marker being prioritised

As part of our work with Domestic abuse we have achieved the white ribbon status, which is a charitable organisation and is a movement of males working towards ending male violence against females

We have also attained wellbeing charter status which shows that we are committed at looking after our people and are working towards the carers charter again to highlight individuals who have caring responsibilities

The work of our Adult Safeguarding Teams are varied:

We concentrate on any domestic abuse and any other crime where the vulnerability around the victim is an issue. This could be from rapes to 'mate crime' to fraud. If further specialism in investigations are required then we will link in with our reactive CID teams also.

The unit also addresses issues of FGM, Human Trafficking and forced marriage. The units misper coordinators have worked hard to embed the Herbert Protocol and this continues apace

When it comes to domestic abuse, we have been early adopters of DVPN and DVPO (Domestic Violence Protection Notices or Orders) but recognise that these are only one way to deal with offenders and therefore utilise non molestation orders more as they offer greater protection for the vulnerable

We are represented at DHRs and SARs and are ably assisted by our Force's Protective Services Crime Department who, in the main, will investigate homicides and Stranger 1 rapes

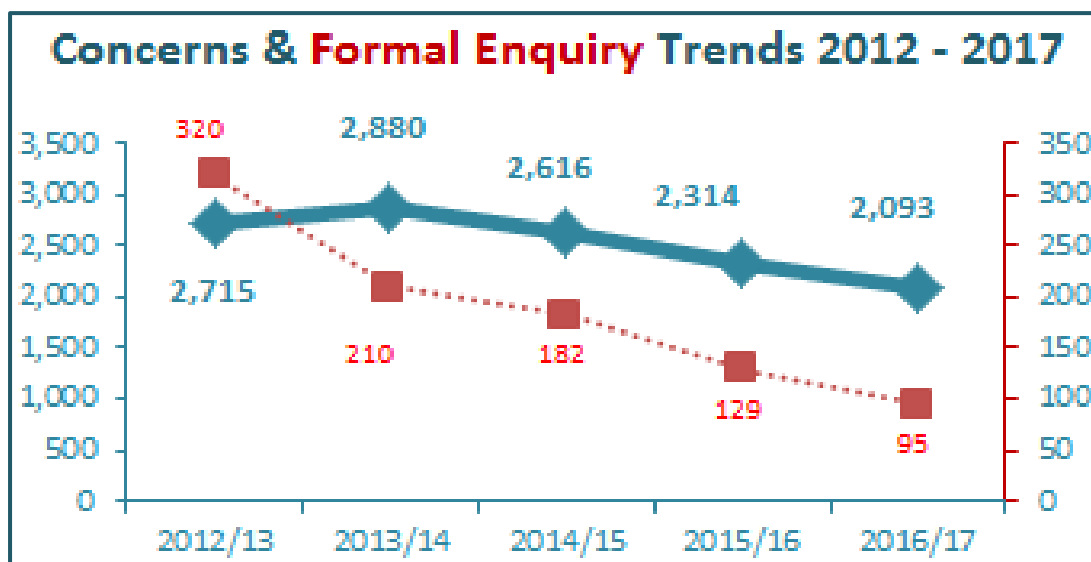
We also attend all MARAC meetings and have set up the DRAMM. The DRAMM is a daily meeting taking place Monday to Friday due to partner commitments, albeit it should be spread out to 7 day cover. The DRAMM assess all medium and high risk DV incidents and is in effect a strategy meeting to address the action that should be taken

We have just set up regular performance review meetings which will complement the already established Tactical Assessment meetings we have been running for a while. These performance review meetings will review referrals to adult social services, DASH Assessments and Mispers to name but a few

The Police Safeguarding Unit is in a healthy place at the present time to protect the vulnerable and provides cover 7 days a week which going forward some of our partners may wish to replicate

Appendix 1 – Safeguarding and Deprivation of Liberty information

Safeguarding concerns 2016 / 2017



A concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council. As per 2015/16, we have seen a slight reduction in safeguarding concerns during 2016/17 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 to consider consent of the adult at risk and the best way of achieving their desired outcomes. The local authority worked intensively on reshaping the Safeguarding Front Door through our systems thinking approach. This led to the following benefits:

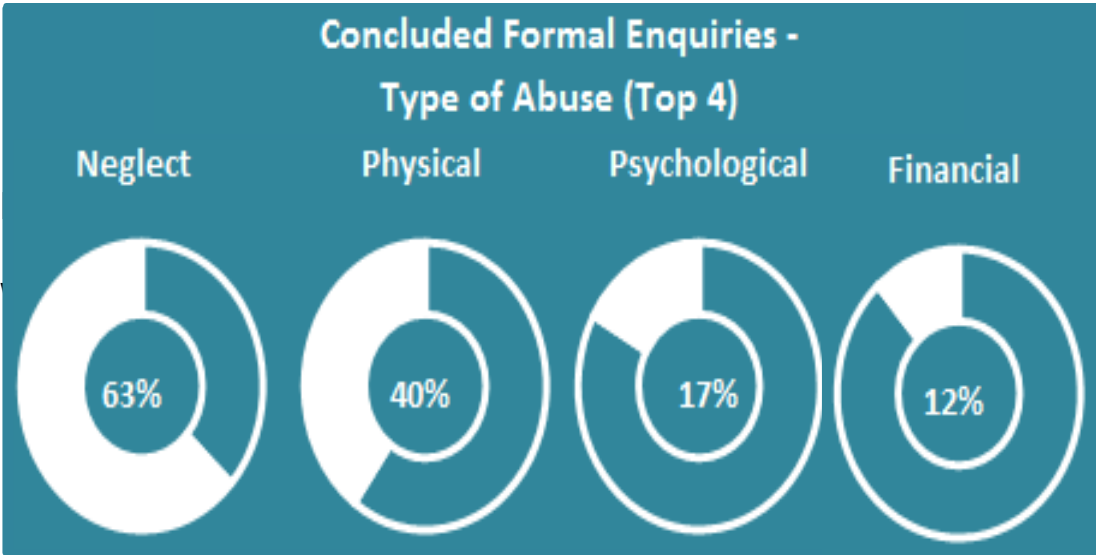
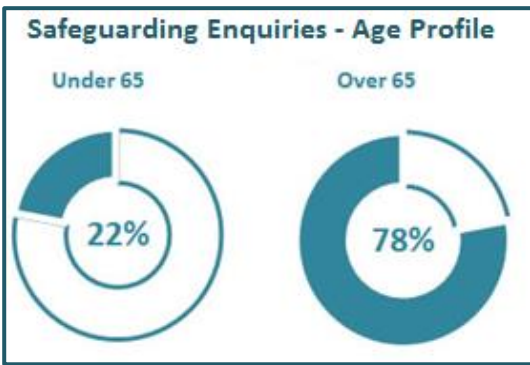
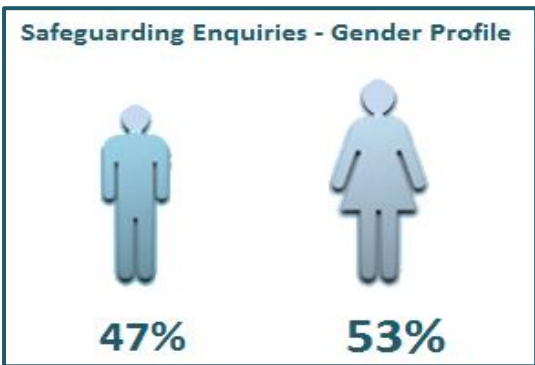
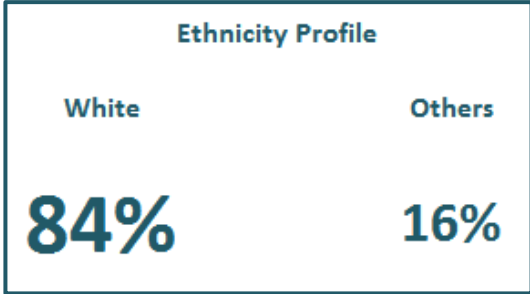
- Less waste in the work that comes through so the system is “clean”. Placing safeguarding expertise at the front door has meant that relevant safeguarding concerns are better identified. A significant volume of safeguarding concerns, once screened, are not deemed to be safeguarding and are sign posted to the most appropriate information point.
- Proportionate response to concerns which are less serious (Managed Concerns) and where the safeguarding concerns have already been addressed e.g. by a provider service.
- Consistency of recording of these concerns across the system, strengthened interface with Gateway to Care and the Safeguarding Single Point of Access has supported this work.

We have also 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. Reasons for this include the changes brought about by the Care Act 2014 and Making Safeguarding Personal, which require Councils to ask the person at risk about how they wish the situation they are in resolved. Their concern may not conclude without the need to have a formal enquiry which leads to a case conference and may be resolved earlier and in a proportionate way. Although there is a general regressive trend in Safeguarding Concerns as presented in the extract above, some caution must be exercised in comparing data over time, due to changes in the definition and requirements of national returns.

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	72%
Own Home	20%
Other	5%
Hospital	3%
Community Services	0%



Risk Outcome for the 95 concluded Formal Enquiries

Risk Removed 39%

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 56%

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 2%

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

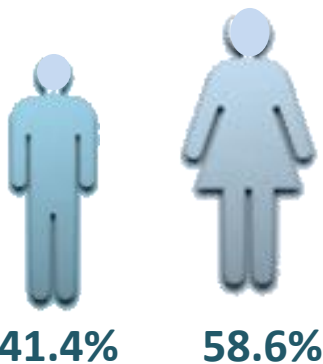
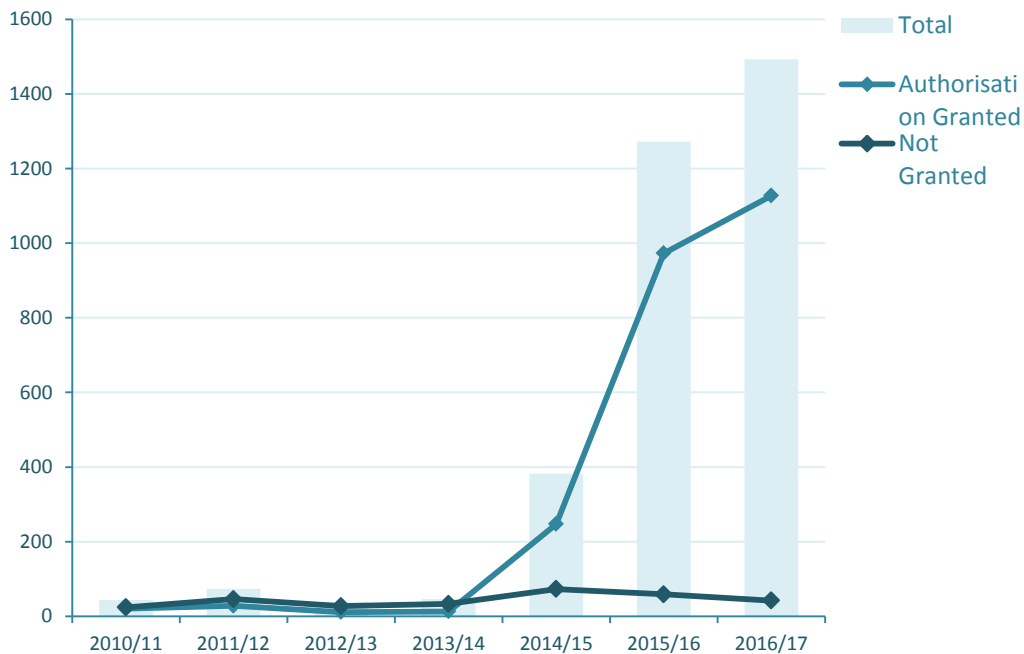
No Further Action Taken under Safeguarding 3%

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

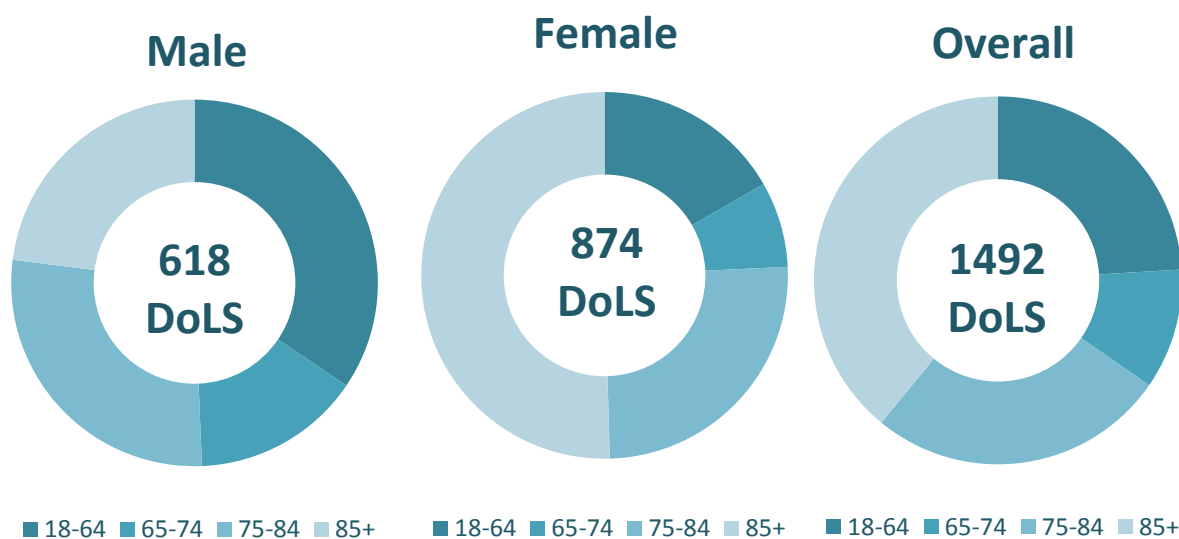
Deprivation of Liberty 2016/2017:

Year	Authorisation Granted	Not Granted	Total of 'Other'	Total
2010/11	20	24	-	44
2011/12	28	46	-	74
2012/13	11	27	-	38
2013/14	13	33	-	46
2014/15	247	73	320	382
2015/16	973	59	240	1272
2016/17	1127	42	323	1492

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 has only been recorded since 2014). The total number of request received was 1928. The figure on the table is for allocated applications.

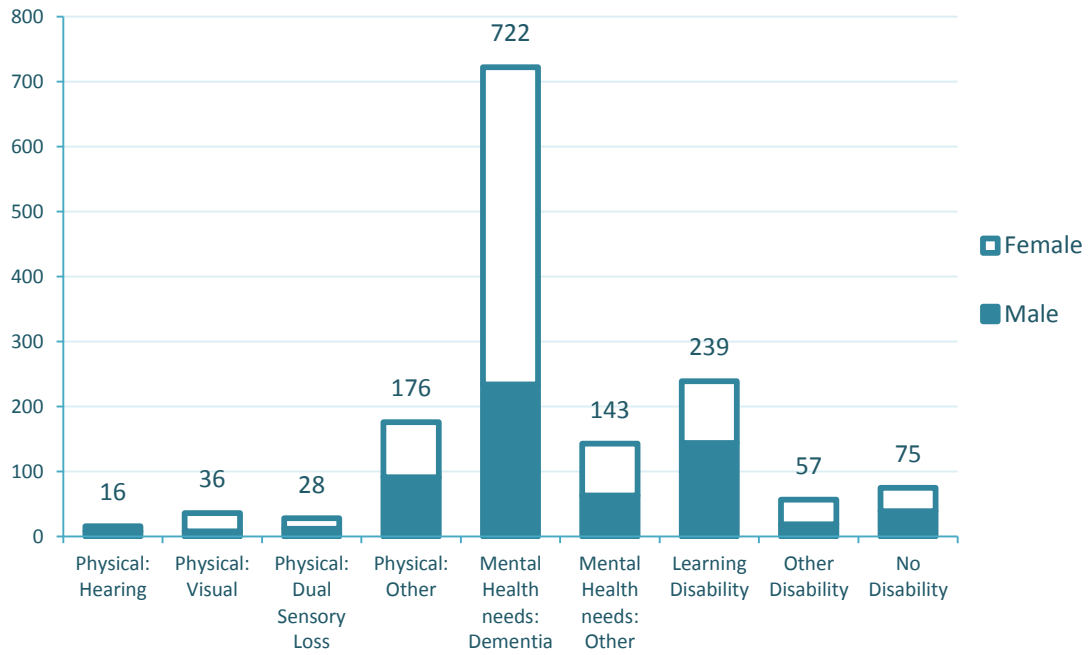


Requests for Deprivation of Liberty authorisations received by the Local Authority have increased over the year. All Local authorities have significant challenges in meeting demand caused by changes in legislation.



	Male	Female	All
18-64	213	146	359
65-74	92	66	158
75-84	171	221	392
85+	142	441	583
	618	874	1492
	41.4%	58.6%	

The figures reflect national trends – In the main most requests come from care homes and in line with 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.



	Male	Female	All
Physical: Hearing	8	8	16
Physical: Visual	8	28	36
Physical: Dual Sensory Loss	12	16	28
Physical: Other	91	85	176
Mental Health needs: Dementia	234	488	722
Mental Health needs: Other	63	80	143
Learning Disability	144	95	239
Other Disability	19	38	57
No Disability	39	36	75
	618	874	1492

These figures follow the same patterns nationally.

Appendix 2 – Work programme for 2017 20

Priority 1	Outcome (what will be different?)	Measures (how will we know?)	Action	Lead	Timescale
Strategic leadership and effective collaborative working across Kirklees in safeguarding adults	Statutory Safeguarding Adults Board is consolidated	This will be reflected in Board membership arrangements, participation and attendance records	<ul style="list-style-type: none"> Continue to develop the role of the deputy chair Further strengthen the contribution from lay members Ensure board meetings enable sufficient challenge and our recording/minutes demonstrate this 	Board Chair	Throughout the period of this 3-year plan
			<ul style="list-style-type: none"> Develop infrastructure to support the work of the Board with partner's engagement and leadership at all levels. Continue to engage with Police and Crime Commissioner 	Board Chair	Achieved Throughout the period of this 3-year plan
	The Board and its members are accountable, visible and	The Board will have an engagement strategy fully operational by	<ul style="list-style-type: none"> Implement our engagement strategy ensuring we take into account of the views of adults who have needs for care and support, their families, advocates and carer representatives. The Boards work effectively reflects the needs of the ethnically diverse community of Kirklees 	Board Members	Throughout the period of this 3-year plan

	<i>outward facing</i>	<i>2017</i>			
			<ul style="list-style-type: none"> • <i>Continue to engage with third sector</i> • <i>Proactively report on the work of the Safeguarding Adults Board, highlighting areas of good practice (including use of social media).</i> 	<i>Board Chair</i>	<i>Throughout the period of this 3-year plan</i>
			<ul style="list-style-type: none"> • <i>Revise our communications strategy</i> 	<i>Communication work stream</i>	<i>September 2017</i>
			<ul style="list-style-type: none"> • <i>The Board promotes a learning culture by undertaking Safeguarding Adults Reviews, and sharing the learning from them</i> 	<i>Safeguarding Adults Review sub group</i>	<i>Throughout the period of this 3-year plan</i>
	<i>The Board maintains a longer term strategic view</i>	<i>We will refresh our 3-year strategic plan</i>	<ul style="list-style-type: none"> • <i>Refine strategic priorities</i> • <i>Develop and publish a strategic plan</i> 	<i>All Board Members</i>	<i>June 2017</i>

Appendix 3

KIRKLEES SAFEGUARDING ADULTS BOARD Board members June 2017

Name	Job title	Service/Organisation
Mike Houghton-Evans	INDEPENDENT CHAIR	
Kim Brear	Assistant Director	Kirklees Council Housing Services
Victoria Thersby	Head of Safeguarding	Calderdale and Huddersfield NHS Foundation Trust
Penny Woodhead	Head of Quality vice chair	Greater Huddersfield Clinical Commissioning Group
Clive Barrett	Head of Safeguarding	The Mid Yorkshire Hospitals NHS Trust
Julie Warren Sykes	Assistant Director of Nursing and Quality	South West Yorkshire Partnership NHS Foundation Trust
Lee Thompson	Head of Safeguarding and Quality Assurance	Kirklees Council
Hazel Wigmore		Lay Member – sadly during the final production of this report, Hazel passed away. Her contribution to the work of the Board was immense, and she is sadly missed.
Penny Renwick		Lay Member
Superintendent Khan		West Yorkshire Police
Richard Parry	Director for Commissioning, Public Health and Adult Social Care	Kirklees Council
Mohammed Ali	District Prevention Manager	West Yorkshire Fire Service
Claire Jones	Interim Quality and Safety Lead	Locala
Kerry Warhurst (Yorkshire & Humber)	Senior Nurse – NHS England – North	NHS England (West Yorkshire)
Sarah Carlile	Safeguarding Adults Partnership Team Manager	Kirklees Council
Razia Riaz	Senior Legal Officer	Kirklees Legal Services
Nikki Gibson	Head of Safeguarding	Yorkshire Ambulance Service NHS Trust.

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

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL - WORK PROGRAMME 2017/18

MEMBERS: Cllr Liz Smaje (Lead Member), Cllr Richard Eastwood, , Cllr Fazila Loonat, Cllr Richard Smith, Cllr Sheikh Ullah, Cllr Habiban Zaman, Peter Bradshaw (Co-optee), David Rigby (Co-optee) , Sharron Taylor (Co-optee)

SUPPORT: Richard Dunne, Principal Governance & Democratic Engagement Officer

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>1. Financial position of North Kirklees CCG and Greater Huddersfield CCG</p>	<p>The Panel has received an update on the CCG’s financial position and agreed to continue to monitor the CCG’s finances through further updates at panel meetings.</p> <p>The Panel has also agreed to include the CCGs Primary Care Strategies in this item to consider if there are any specific elements that contribute to the innovation and efficiency of primary care services</p>	<ul style="list-style-type: none"> • Consider the wider transformation programmes being undertaken by both Greater Huddersfield CCG & North Kirklees CCG to include assessing their contribution to increasing efficiencies and impact on services. • A focus on the work being undertaken to reduce costs and increase efficiencies to include: <ul style="list-style-type: none"> ○ Monitoring the impact of the ‘Talk Health Kirklees’ campaign. ○ Assessing the various CIP’s and reviewing the impact of any proposed changes to the commissioning of services. <p><u>Panel Meeting 16 January 2018</u> The Panel received an update on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust and Calderdale & Huddersfield NHS Foundation Trust.</p> <p>The Panel noted the significant financial pressures and the emphasis on the joint work that was being developed across each acute hospital footprint to address the gaps and improve outcomes.</p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		The Panel has agreed to maintain a focus on the finances of the health and social care system in Kirklees.
<p>2. Kirklees Health and Wellbeing Plan (Sustainability and Transformation Plan) and Kirklees Joint Strategic Assessment (KJSA)</p>	<p>To maintain an overview of the Kirklees Health and Wellbeing Plan and the KJSA through discussions at panel meetings.</p> <p>This item has been included in a themed discussion at the meeting 12 December 2017 that will cover the work of the Health & Wellbeing Board and include the Better Care Fund.</p>	<p>Key outcome/aim for the Panel will be to assess the impact of changers to service users and consider ways that these could be mitigated.</p> <p>Areas of focus to include:</p> <ul style="list-style-type: none"> • Keeping tracks on progress of the implementation of the plan; • Monitoring impact of changes; • Assessing how local changes fit/link with the wider transformational changes taking place across West Yorks • How the local plan links to the West Yorks Sustainability and Transformation Plan (STP) • 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 12 December 2017</u></p> <p>The Panel considered a discussed two reports that provided information about the Kirklees Health and Wellbeing Plan, the West Yorkshire and Harrogate Sustainability and Transformation Plan and the KJSA.</p> <p>The Panel requested :</p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<ul style="list-style-type: none"> • Further information on the West Yorkshire vision for improved maternity services ; • A written update on the progress made against the implementation plan to include key performance indicators to support the increased capacity in IAPT services.
<p>3. Healthwise Optimisation Programme</p> <p>An initiative being considered by the CCG's that will support people prior to surgery who are deemed to be at higher risk of complications that can occur during or after surgery. Initial areas of focus will cover obesity and smoking.</p>	<p>The programme will be discussed at the meeting scheduled for 3 October 2017.</p>	<p>The Panel will consider how the programme will operate to include the planned timescales for implementation of the programme.</p> <p>Aim/outcome will be for the Panel to understand the impact of these changes ; identify if there are any groups that will be adversely affected by the changes; and make recommendations to CCGs on ways to reduce the impact of these changes.</p> <p><u>Panel meeting 3rd October 2017</u></p> <p>The Panel considered a report by Greater Huddersfield and North Kirklees CCGs on Health Optimisation and the proposal to introduce additional thresholds for non-urgent elective surgery.</p> <p>The Panel agreed that the Health Optimisation Programme proposed a significant variation in service to the public and requested that the CCGs undertake a period of consultation for 6 weeks.</p> <p>The Panel highlighted a number of key areas for further consideration and agreed that the Lead Scrutiny Member</p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<p>would meet with reps from GHCCG, NKCCG and Public Health to follow up the issues highlighted.</p> <p>The Panel requested that CCGs report back to the Panel with the results and outcomes of the 6 week consultation once it has been completed – date to be agreed.</p> <p><u>Lead Member Briefing 8 January 2018</u></p> <p>CCGs have advised that plans to move ahead with the Health Optimisation Programme have been postponed. Consideration will be given to looking at this programme on a wider West Yorkshire and Harrogate footprint.</p> <p>Lead Member will continue to monitor this area of work and report back to the Panel as the work progresses.</p>
<p>4. Integration of Health and Social Care</p> <p>The integration of Health and Social Care is at the centre of government reforms and with the introduction of STP's there is a clear expectation for there to be significant measurable progress in health and social care integration by 2020</p>	<p>To maintain an overview of progress of the Integration of Health and Adult Social Care.</p> <p>This item will be discussed at the meeting scheduled for 14 November 2017.</p>	<ul style="list-style-type: none"> • Consider how performance will be measured; assessing the pace of change; and reviewing the impact on the standard and quality of services being delivered in Kirklees. • Assess the overall impact of reductions in budgets across the whole of the health and social care economy. <p>Aim/Outcome will be for the Panel to: assess if there is any disproportionate impact on certain groups; highlight impact on service users to relevant providers and ensure steps/measures are being taken to support affected groups.</p> <p><u>Panel meeting 14 November 2017</u></p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<p>The Panel received an update on the progress of the integration of health and adult social care.</p> <p>The panel requested further information to include :</p> <ul style="list-style-type: none"> • A high level timeline to include details of engagement work • An update on work taking place in North Kirklees to provide similar provision to that delivered by the Whitehouse Centre, Huddersfield • Details on how progress is being made to provide a single point of access across the sector. <p>A further update is to be scheduled for early 2018.</p> <p><u>Panel meeting 13 February 2018</u></p> <p>The Panel received an update on the planned activity on the integration of health and adult social care.</p> <p>The Panel agreed that the focus on the integration agenda would continue to feature in the Panel's forward work programme.</p>
5. CQC Inspections	To maintain an overview of the progress of the Action Plans developed by a number of local providers following a CQC inspection either through written updates/ Feedback from Lead Member /presentations at panel meetings.	<p>Review progress from the following provider action plans :</p> <ul style="list-style-type: none"> • Calderdale and Huddersfield NHS Foundation Trust • Locala Community Partnerships • South West Yorkshire Partnership NHS Foundation Trust • Mid Yorkshire Hospitals NHS Trust <p><u>Panel meeting 13 February 2018</u></p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<p>The Panel received an update from Locala on a number of areas that included: The Care Quality Commission (CQC) inspection; Governance Structure; Winter Pressures; Podiatry Consultation; Admissions Avoidance; and future arrangements for Maple Ward.</p> <p>The Panel requested further information that provides:</p> <ul style="list-style-type: none"> • Headline details of the 9.1% of actions in the CQC Improvement Plan that have yet to be delivered to include target dates for completion. • Headline details of those actions that were not specifically picked up by CQC but included by Locala for innovation and/or added value. • The latest data for hospital admissions to include details of when the peak times for admissions took place.
<p>6. All Age Disability and Adult Pathways</p>	<p>The Panel to receive updates on the work that is being done on developing the All Age Disability and Adult Pathway workstreams.</p>	<p><u>Panel meeting 4 July 2017.</u></p> <p>The Panel received an update on the work that is being developed on Adult Services Pathways that included an overview of the key areas of transformation</p> <p>The Panel has requested further information that provides:</p> <ul style="list-style-type: none"> • An overview of the timescales and key milestones for the various transformational work streams and redesign of the Adult Services pathways • The headline financial figures that outline where the projected savings will be achieved.

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>7. The Healthy Child Programme (0-19 services)</p> <p>The Kirklees Integrated Healthy Child Programme (KIHCP) is seen as a catalyst for transforming work with children and young people across a range of systems, interventions, sectors and services over the next 5 -10 years.</p>	<p>In March 2017 the Panel was presented with an update on the KIHCP procurement process; the approach being taken to implementing the programme; and progress of implementation. Further updates will be presented at panel meetings during 2017/18.</p> <p>This item has been scheduled for discussion at the meeting 12 September 2017.</p>	<p>At the March meeting the Panel agreed to:</p> <ul style="list-style-type: none"> • Maintain an overview of the development of the service to include progress on implementation • Receive an update on how the key risks/issues have been managed as outlined in the March meeting. <p><u>Panel meeting 12 September 2017.</u></p> <p>The Panel received an update covering the areas identified from the March 2017 meeting. The Panel has agreed to :</p> <ul style="list-style-type: none"> • Receive an overview of the priority areas in the Kirklees Future in Mind Transformation Plan. • Maintain an overview of progress of the implementation of the programme to include feedback from practioners. • Include an additional area of focus on the transition from HCP to adult services. • To monitor work being done to Improve engagement with Social Care within the mobilisation processes with the aim of improving integrated working. • To monitor the Panel's concerns on the work being developed to develop a rigid CAMHS cancellation policy with the aim of gaining assurance that robust communication systems are in place.
<p>8. Integrated Wellness Model</p> <p>The wellness approach goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and</p>	<p>In March 2017 the Panel received an update on the progress of work that has taken place to develop a Kirklees Wellness Model. Further updates will be presented at panel meetings during 2017/18.</p>	<p>At the March meeting the Panel agreed to keep the issue on the Work Programme with a focus on:</p> <ul style="list-style-type: none"> • Scoping out the detail of the Wellness Model's functions;

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>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.</p>	<p>This item has been scheduled for discussion at the meeting 12 September 2017.</p>	<ul style="list-style-type: none"> • Developing the details for the Service Specification • Producing a timeline to include key milestones and decision making; • Understanding the outcomes and impact for service users; and • Clarification on what services/provision will align virtually or work on the periphery of the model. <p>Aim/outcome will be to understand how this model integrates with work being developed in other areas of the health and social care economy; the impact this will have on service users; and ensuring measures are put in place to support equitable access to services.</p> <p><u>Panel meeting 12 September 2017.</u> The Panel received an update on the progress of the design and commission of the Kirklees Integrated Wellness Model. The Panel has agreed to:</p> <ul style="list-style-type: none"> • Receive the outcomes from the engagement/public insight work and the draft service specification. <p>The Panel has also identified a number of additional areas of focus to include:</p> <ul style="list-style-type: none"> • Assessing how the model will integrate with the work of the CCGs (such as Health Optimisation) • Getting a clearer indication of the approach that will be taken by Public Health in identifying outcomes and developing an evaluation strategy. • Assessing how Public Health will assess value for money.

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<ul style="list-style-type: none"> Reviewing: the numbers of people accessing the services; and the initiatives to 'scale up' services, increase the numbers of service users and target areas of inequality.
9. Robustness of Adult Social Care	<p>To maintain an overview of the work being done to support a robust adult social care service through updates at panel meetings.</p> <p>This item has been scheduled for discussion at the meeting 3 October 2017.</p>	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> The new contract for homecare provision. State and resilience of the adult social care market. Update on preparations for winter. <p><u>Panel meeting 3rd October 2017</u></p> <p>The Panel considered a report describing the approach taken by Adult Social Care in order to continuously improve the robustness of the Adult Social Care system.</p> <p>The Panel agreed to consider a report to a future Panel meeting detailing performance and evidence that improvements were being made in the Adult and Social Care Service – date to be determined.</p>
10. Attention Deficit Hyperactive Disorder (ADHD) – Adults	<p>In April 2017 the Panel was presented with an update on waiting times and numbers for Adult ADHD and an overview of the work that was being developed to enhance the capacity of service and improve the consistency of the service delivered across West Yorks.</p> <p>The Panel has agreed to receive a further written update.</p>	Maintaining an overview of progress.
11. Quality of Care in Kirklees	In April 2017 CQC presented to the Panel an outline of its activity and an overview of the outcomes of the inspections in Kirklees.	General update report and discussion.

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
	It was agreed that a further update be arranged towards the end of the 2017/18 municipal year with a focus on adult social care.	
<p>12. Suicide Prevention The House of Commons Health Committee has recommended to Government that health overview and scrutiny committees should be involved in ensuring effective implementation of local authorities' suicide prevention plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board.</p>	The Panel will need to view and assess the Kirklees Suicide Prevention Plan and agree its approach to monitoring the effectiveness of the Plan.	<p>Areas of focus and outcomes to be confirmed.</p> <p><u>Lead member briefing 24 October 2017.</u> Public Health will present the Kirklees Suicide Prevention Plan at the Panel meeting 13 February 2018. Areas that will be covered will include:</p> <ul style="list-style-type: none"> • Assessing the Plan; • Clarification of who is/has been involved in developing the Plan; • What partnerships are involved in overseeing and implementing the Plan; • Who monitors the effectiveness of the Plan and what are the expected outcomes. <p><u>Panel meeting 13 February 2018</u> The Panel was presented with the Kirklees Suicide Prevention Action Plan.</p> <p>The Panel agreed that the focus on Suicide Prevention would continue to feature on the forward work programme to include:</p> <ul style="list-style-type: none"> • looking in more detail at the relationship between the West Yorkshire and Harrogate Health Care Partnership (WYHCP) Suicide Prevention Strategy and the Kirklees Strategy/Plan; Challenges of data sharing; The work with GPs; and Looking at the overall local financial envelope to support the Council's work on suicide prevention.

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
13. Changes to Podiatry Services – outcomes of consultation	A report on the outcomes of Locala’s consultation on the Changes to Podiatry Services has been scheduled to be considered by the Panel at the meeting 14 November 2017.	<p>To be determined following presentation of consultation outcomes report. <u>Panel meeting 14 November 2017</u> The Panel considered the outcomes of the consultation and a findings report.</p> <p>The Panel issued a number of recommendations that included requesting Locala to consider how the issues highlighted by the consultation will be addressed. In addition the Panel requested that it is provided an opportunity to see the final report that outlines the proposed changes before a final decision is made.</p> <p>The final report has been scheduled for presentation at the meeting 13 March 2018.</p>
14. Mental Health Services – Transformation Programme SWYPFT are continuing to work through a major service transformation programme with a focus on: recovery; putting more people in charge of the care they get; providing more support to people when they need it; helping people to leave hospital when they are	Panel to receive an update at a future meeting on progress of the programme.	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> • Overview of the key services that are/have been transformed. • Details of where implementation has taken place • Overview of emerging outcomes including lessons learned.

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
ready; and ensuring that GP's stay at the heart of care.		
<p>15. Care Closer to Home (CC2H) CC2H remains a key transformational change for Clinical Commissioning Groups (CCG's). A key aim of CC2H is to develop an integrated community based health care service for all including the frail, vulnerable, older people and end of life care. The programme has critical inter-dependencies with the two hospital services programmes (Righty Care Right Time Right Place and Meeting the Challenge). The CC2H contract is delivered by Locala and GHCCG is the lead commissioner.</p>	<p>In February 2017 the Panel considered an update on the implementation of the programme and received the February 2017 copy of the Locala Quality Dashboard.</p> <p>The Panel agreed to continue to maintain an overview of progress of the programme.</p>	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> Assessing the effectiveness of CC2H in supporting the two hospital services programme with a particular focus on the changes taking place across Mid Yorkshire Hospitals Trust and the progress being made in reducing demand in hospital services provided by Calderdale and Huddersfield NHS Foundation Trust. Undertaking a further review of the Locala Quality Dashboard to identify if there are any themes that the Panel may wish to focus on.
<p>16. Health and Wellbeing Board – Better Care Fund (BCF) The BCF provides a significant financial incentive for the integration of health and social care. CCG's and LA's are required to pool budgets and agree an integrated spending plan on how they will use their BCF allocation.</p>	<p>This item has been included in a themed discussion at the meeting 12 December 2017 that will cover the work of the Health & Wellbeing Board.</p>	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> Current position of the BCF and improved BCF (iBCF). Assessing any plans to use iBCF to improve local targets and services including: meeting adult social care needs; reducing demands on hospital services including improved discharged times from hospital; and supporting the local social care provider market. Planned BCF outcomes. How the funds will be used to support the integration of health and social care.

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<p><u>Panel meeting 12 December 2017</u> The Panel considered a report that provided information and progress of the work that is being undertaken as a result of the Kirklees Better Care Fund Plan.</p> <p>The Panel requested information that was included in the impact report on the Touchstone service “Better in Kirklees.</p>
<p>17. Interim Changes to hospital services To scrutinise any interim changes to hospital services that the Calderdale and Huddersfield NHS Foundation Trust (CHFT) are considering prior to reconfiguration</p>	<p>The Panel will need to monitor the reviews that CHFT are currently undertaking on inpatient provision of Cardiology, Respiratory and Elderly Medicine.</p> <p>CHFT has advised the Panel that it will be looking to make changes to the above services in November.</p> <p>A presentation explaining the plans and the clinical urgency to make the changes before the anticipated increase in demand in winter will be discussed at the meeting 14 November 2017.</p>	<p>Areas of focus to be determined.</p> <p><u>Panel meeting 14 November 2017</u> The Panel was presented with details of the proposal for interim Acute Inpatient Elderly Medicine, Cardiology and Respiratory Service provision at CHFT.</p> <p>The Panel made a number of recommendations that included a request for written assurance that the proposed interim change was a discrete piece of work. The Panel agreed to retain the issues on its work programme in order maintain an overview of the impact of these changes in Kirklees.</p>

LEAD MEMBER BRIEFING ISSUES

ISSUE	AREAS OF FOCUS
<p>18. Care Act 2014</p>	<p>Lead Member to maintain an overview of the implementation of the reforms on the Council including impact of financial challenges and rising demand; and workforce challenges</p> <p>Update report on the implementation and impact of Care Act 2014 received 21 September 2017. Lead Member will review and update the panel.</p>

19. Deprivation of Liberty Safeguards	<p>Lead Member to receive an update report and subject to information received consideration to be declaring this item complete.</p> <p>Update report received 21 September 2017. Lead Member will review and update the Panel.</p>
MONITORING ITEMS	
ISSUE	AREAS OF FOCUS
20. Tuberculosis (TB) in Kirklees	<p>Following an update in April 2016 the Panel agreed to continue to monitor TB in Kirklees to include arranging a further update to cover:</p> <ul style="list-style-type: none"> • Looking at the work being undertaken to reduce TB rates in Bradford and Leeds and to highlight examples of good practice. • Getting clarification on staffing ratios for the current TB nursing establishment as per the recommendations from the Royal College of Nursing. • Receiving an action plan on the work being undertaken in Kirklees to reduce the high levels of TB in the borough <p><u>Lead Member briefing 24 October 2017</u></p> <p>Public Health will submit a written update for the January 2018 Panel meeting that will cover:</p> <ul style="list-style-type: none"> • The points above. • Details of the implementation of the latent TB screening pilot; • An overview of the key work streams in the TB work programme; and • A general update of the numbers of TB cases in Kirklees <p><u>Panel meeting 16 January 2018</u></p> <p>The Panel considered a report that provided and an update on TB in Kirklees and the actions being taken to reduce the incidence of TB across the district.</p> <p>The Panel noted the reported and agreed that no further actions were required.</p>
21. Review of Mental Health Assessments	<p>The Panel will need to agree a time line for reviewing progress of the recommendations of the Ad-hoc Panel following the presentation of the report that to Cabinet at its meeting that was held 25 July 2017.</p>

NEW EMERGING ISSUES FOR POTENTIAL INCLUSION ON THE WORK PROGRAMME		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>22. Wheelchair Services Wheelchair services in Kirklees are provided by a private company Opcare which is one of the UK's largest prosthetic, orthotic and wheelchair service providers. The Panel has been made aware of a number of issues that relate to the standard and quality of service that is being provided by Opcare.</p>	<p>Lead Member will undertake a short initial fact-finding study to assess the scale of the issues that have been highlighted before presenting to the wider panel to agree next steps.</p>	<p>Areas of focus and outcomes to be determined.</p> <p>A discussion on the issue has been scheduled to take place at the meeting 16 January 2018. Initial questions and key lines of enquiry have been sent to CCGs. The approach for the meeting has still to be finalised but will include a focus on user experience and input from Healthwatch Kirklees.</p> <p><u>Panel Meeting 16 January 2018</u> The Panel considered the standard and quality of the wheelchairs service in Kirklees which included input from representatives from Greater Huddersfield and North Kirklees CCGs and Healthwatch Kirklees.</p> <p>The Panel agreed a number of actions and recommendations that were focused on improving communication with service users; reviewing the waiting list system; ensuring assessments are being correctly carried out; and improving the experience of service users.</p> <p>The Panel also agreed to arrange another meeting to include representation from Opcare.</p>

NEW EMERGING ISSUES FOR POTENTIAL INCLUSION ON THE WORK PROGRAMME		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES ARE
<p>23. Carers in Kirklees A recent adult safeguarding review undertaken by Healthwatch Kirklees focused on the feedback of the experience of people with dementia and their carers. The report highlighted the important role of carers and the challenges they faced when trying to help a family member or friend with dementia navigate the social care support pathways.</p>	<p>Lead Member has identified this issue as having the potential for being a focused piece of work that could potentially be undertaken as a task oriented (ad hoc) review.</p> <p>An initial scoping exercise will be carried out to identify the key areas of focus.</p>	<p>Areas of focus and outcomes to be determined.</p>