

Public Document Pack



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

Julie Muscroft

The Democracy Service
Civic Centre 3
High Street
Huddersfield
HD1 2TG

Tel: 01484 221000

Please ask for: Jenny Bryce-Chan

Email: jenny.bryce-chan@kirklees.gov.uk

Wednesday 22 January 2020

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Reception Room - Town Hall, Huddersfield** at **2.45 pm** on **Thursday 30 January 2020**.

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

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

Julie Muscroft

Service Director – Legal, Governance and Commissioning

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

The Health and Wellbeing Board members are:-

Member

Councillor Viv Kendrick (Chair)

Councillor Musarrat Khan

Councillor Carole Pattison

Councillor Kath Pinnock

Councillor Mark Thompson

Dr David Kelly

Mel Meggs

Carol McKenna

Dr Steve Ollerton

Richard Parry

Rachel Spencer-Henshall

Helen Hunter

Karen Jackson

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

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

2: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Board held on 21 November 2019.

3: Interests

9 - 10

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

4: Admission of the Public

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

5: Deputations/Petitions

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

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

6: Public Question Time

The Board will hear any questions from the general public.

7: Update on the Primary Care Networks Development Programme

11 - 22

A report for information only.

Contact: Catherine Wormstone, Head of Primary Care Strategy and Commissioning

8: Tackling Violence in Kirklees

23 - 24

A report for information only.

Contact: Rachel Spencer-Henshall, Strategic Director for Corporate Strategy, commissioning and Public Health

9: WY&H Care Partnership Unpaid Carers Programme / Kirklees Carers Strategy

25 - 30

To Present to the Board the West Yorkshire & Harrogate Unpaid Carers Programme and the Kirklees Carers Strategy.

Contact: Lyndon Peasley and Fatima Khan-Shah

10: Stronger together - Working for a safe and healthy Kirklees - Kirklees Inter-Board Partnership Protocol

31 - 40

To formally adopt the “Stronger together – working for a safe and healthy Kirklees” - Kirklees Inter-Board Partnerships Protocol and endorse the actions to implement the Protocol

Contact: Jacqui Stansfield, Sharon Hewitt, Lee Hamilton, Mary White and Phil Longworth

11: Kirklees Safeguarding Adults Board Annual Report 2018 - 2019 41 - 88

To present the Kirklees Safeguarding Adults Board Annual Report 2018/19

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

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 21st November 2019

- Present:
- Councillor Viv Kendrick (Chair)
 - Councillor Musarrat Khan
 - Councillor Kath Pinnock
 - Councillor Mark Thompson
 - Dr David Kelly
 - Mel Meggs
 - Carol McKenna
 - Dr Steve Ollerton
 - Richard Parry
 - Rachel Spencer-Henshall
 - Helen Hunter
 - Karen Jackson
- In attendance:
- Tom Brailsford, Service Director, Kirklees Council
 - Stewart Horn, Head of Joint Commissioning, Kirklees Council
 - Owen Richardson, Intelligence Lead, Kirklees Council
 - Helen Bewsher, Intelligence & Impact Strategic Lead, Kirklees Council
 - Ruth Devine, Joint Transformation Project Support Manager, NHS Greater Huddersfield CCG/NHS North Kirklees CCG
 - Julie Oldroyd, Lead for Transformation NHS Greater Huddersfield CCG/NHS North Kirklees CCG
 - Julie Sykes, Chief Superintendent, Kirklees District
 - Phil Longworth, Senior Manager Integrated Support
 - Jenny Bryce-Chan, Principal Governance Officer
- Observers:
- Councillor Habiban Zaman – Leader Member for the Health and Adults Social Care Scrutiny Panel
 - Tim Breedon - South West Yorkshire NHS Foundation Trust
 - Catherine Riley, Calderdale and Huddersfield NHS Foundation Trust
 - Matt England, Mid Yorkshire Hospitals NHS Trust
 - Diane McKerracher, Locala
 - Emily Parry-Harries, Consultant in Public Health
- Apologies:
- Councillor Carole Pattison
 - Jacqui Gedman
 - Kathryn Giles

33 Membership of the Board/Apologies

Apologies were received from the following Board members: Cllr Carole Pattison and Jacqui Gedman

34 Minutes of previous meeting

That the minutes of the meetings of the Board held on 26 September 2019, be approved as a correct record

35 Interests

No Interests were declared

36 Admission of the Public

That all agenda items be considered in public session

37 Deputations/Petitions

The Board received a deputation from Christine Hyde on behalf of Campaign

38 Joint Strategic Assessment Summary

Owen Richardson attended the meeting to present the updated Kirklees Joint Strategic Assessment (KJSA) Overview 2019/20, advising that this updated version will replace the previous 2018/19 overview. It summarises the key population health and wellbeing issues and challenges for Kirklees.

The Board was reminded that in May 2016, the Board agreed that the Kirklees Overview would be updated annually and published online following approval from the Board.

The Overview provides a useful context for the more detailed sections of the KJSA by summarising the 'big issues' and 'key challenges' for health and wellbeing using infographic and simple messages. The aim is to continually look for ways to improve the information based on feedback from the steering group.

In summary the Board was informed that:

- It is possible to better understand Kirklees today by looking back at historical data as some of today's health issues may be traced back to the area's industrial roots
- Diversity and changing patterns of ethnicity is important to understand as migration has given Kirklees a varied and diverse population, which may lead to difference and inequalities in outcomes
- Population projection suggests that over 65⁺ shows the largest increase and the proportion of the population 85⁺ is set to double by the year 2041
- The KJSA is framed around the seven outcomes, which partners across Kirklees have signed up to. Achievement of these outcomes will ensure people are starting well, living well and ageing well. A set of high-level

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indicators have been agreed to help monitor progress against these outcomes

- The latest geographical breakdowns include the 7 Kirklees Places, 16 Community Hubs and the 9 Primary Care Networks
- There are a number of things that are going well in terms of improvements for example, infant mortality rates are falling, under 18 conception rates have dropped significantly and smoking rates in adults have dropped
- Things to watch out for includes type 2 diabetes associated with lifestyle factors including obesity and physical inactivity

The Board was informed that there is still time to provide comment on the draft overview, and any comments should be submitted by 28/11/19.

RESOLVED

That the updated Joint Strategic Assessment Kirklees Overview for 2019/20 be endorsed.

39 Current Living in Kirklees (CLiK) Survey 2020

Helen Bewsher attended the meeting to inform the Board about plans for undertaking a Current Living in Kirklees (CLiK) survey in 2020, and; to seek endorsement and support from the Board for this being undertaken and funded on a Partnership basis.

The Board was informed that CLiK surveys have been undertaken on a regular basis since 2001. The last survey was in 2016 and was jointly run by the NHS and Council and funded by Public Health. The survey provides data that is not available through any other routine data collection processes and provides key information for the Kirklees Joint Strategic Assessment (KJSA) and data wider than just health and social care. It also provides vital indicators for monitoring trends and inequalities; and supports intelligence-led decision making across the Council, CCGs and wider integrated health and social care system.

In addition, place based working across Kirklees partnerships also depends on local intelligence and the survey provides robust intelligence at a district and sub-district level to support place based approaches.

The Board was informed that the rationale for having the CLiK survey is for the robust collection of population indicators for monitoring progress towards shared outcomes across Kirklees communities and places particularly in relation to health, clean and green and economic wellbeing. The central importance of the CLiK survey to local intelligence requires a partnership approach to CLiK 2020. Previous surveys were funded by Public Health however, this is no longer an option and therefore partnership funding is required to commission a research company to undertake CLiK 2020.

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The Board raised questions with regard to the cost of undertaking the survey and was advised that costs could be reduced if a larger proportion of respondents completed the survey online.

The Board commented that the information from the survey is beneficial and would like to see CLiK 2020 being undertaken. It was agreed that Rachel Spencer-Henshall would take forward the option of joint funding to the Kirklees Partnership Executive.

RESOLVED

(a) That the Board supports and endorses a partnership approach to the CLiK 2020 survey

(b) That Rachel Spencer-Henshall takes forward the options of joint funding for the CLiK 2020 survey to the Kirklees Partnership Executive

(c) That the Board supports the commission of the Council's Intelligence & Performance Service to project manage the survey to provide sub-district level intelligence

40 **Kirklees Children and Young People's Partnership & Plan - new arrangements**

Tom Brailsford provided the Board with an update on the work being undertaken to relaunch the Children and Young People's Partnership and to develop a new Children and Young People's Plan. The Health and Wellbeing Board will have a central role in the governance of this work and, to support the partnership, changes to the Board's Terms of Reference are being proposed.

The Board was informed that the Children and Young People's Partnership was relaunched following a consultation and engagement event held in March 2019, which was attended by 80 participants from a cross section of organisations working with children in Kirklees. The previous partnership arrangement had been paused for the previous 18 months to focus attention and resources on the Improvement Board and its work. The previous partnership operated as a formal committee with closed membership and a traditional committee cycle.

The intention is that the new partnership model will have membership that is open to a wider range of organisations including the third sector. It will not operate as a formal committee and will not have formal decision making responsibilities.

The Board was informed that there is no longer a statutory requirement to produce a Children and Young People's Plan, however there is a consensus that a Plan provides collective focus and clarity about the priorities to be championed and addressed across the partnership. The Partnership has identified and agreed nine priorities that support good outcomes for children and; the partnership will continue to develop new structures to deliver work and improve outcomes in three new priority areas, namely:

- To tackle child poverty
- To support inclusion and better outcomes for LGBT and young people

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- To grow the youth offer – place to go, people to see, things to do

The Board commented that it was important to ensure that there are mechanism for feeding in the voice of young people.

The Board was informed that discussion with the relevant portfolio holders and senior officers within the council has led to the proposals that the Health and Wellbeing Board take on the oversight of this work. The Board agreed to the new arrangements for the Children's Partnership and the amendments to the Health and Wellbeing Board's terms of reference to reflect the new arrangement. The Board agreed that the next step is for the amended terms of reference to progress to full council in January 2020 for ratification.

RESOLVED

That the Board notes the new arrangements for the Children's Partnership and agrees the amendments to the Health and Wellbeing Board terms of reference to enable it to provide governance oversight of the partnership.

41 **Future in Mind Transformation Plan Refresh**

Stewart Horn presented the Future in Mind Plan Refresh, advising the Board that there is a requirement to publish a refresh of the plan annually, in October each year and this is the final year of the five year Future in Mind period. The NHS Long Term Plan published early 2019 will shape the direction of services and allocation of resources for the next five years.

The Board was reminded that in 2015, Kirklees developed a 5 year Transformation Plan to improve local Child and Adolescent Mental Health Services (CAMHS) and other services for children, young people and families by 2020. The initial plan included 49 ambitious local priorities which were quality assured by NHS England. Many of the 49 local priorities have progressed well and are now beginning to support expected changes by 2020. The 2017, document reflected systematic changes and the priorities were refined down to 25. The 2019 refresh, further refined the priorities to 23, with a renewed emphasis on young people's voice and the provision of a safe space for young people experiencing mental health crisis.

The Thriving Kirklees Partnership is now well established and is beginning to show real progress in terms of joined up service delivery such as the multi-agency single point of contact for the Child and Adolescent Mental Health Service. There is also a commitment to develop digital and online support for young people where appropriate.

Achievements over the last 12 months include:-

- Successful application to become one of the first Mental Health in Schools Trailblazer sites
- Received funding to create mental health practitioners that will work in schools
- Introduction of Neurodevelopmental pathway which combines the assessments for Autism Spectrum Condition (ASC) and a range of related

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conditions to provide a more seamless service for a broader cohort of children

- Reduction in ASC waiting times to 7 months and investment will continue to be made in the assessment pathways to bring the waiting times in line with NICE guidelines of 3 months
- Next 12 months – looking to increase young people’s participation
- Year 9 survey identified issues for LGBT young people
- Looking to increase use of digital and social media

The Board was informed that whilst no national targets are set, the aim is to get the waiting times for mental health and support down to 18 weeks while having conversations that focuses on prevention rather than setting artificial targets.

The Board welcomed the information and asked that a further update be provided in the new year.

RESOLVED:

That the

- a) Future in Mind Transformation Plan Refresh be approved by the Board
- b) Board maintain strategic oversight of the plan

42 Kirklees Draft SEND Improvement Plan (For consultation)

The Board received information highlighting the Kirklees Draft SEND Improvement Plan being developed for the SEND provision and services across Kirklees.

The Board was informed that there are a number of factors to developing the improvement plan. In 2019, the partnership received feedback from a peer review on aspects of the SEND functions in Kirklees. A report was also commissioned to assess the ambitions and plans for children and young people with SEND and high needs in Kirklees. The improvement plans brings together the recommendations from both these sources.

Ten key actions have been identified and are presented to the Board for comment and discussion. The ten draft priority headings are:

- Data baselining and Systems Management
- Governance Arrangements
- Develop a sustainable financial strategy for SEND
- Placements Sufficiency and Capacity
- Joint Commissioning Arrangements (*Initial Prioritisations*)
- Transitions Arrangements
- The Local Offer
- Performance Management and Quality Assurance
- Workforce Development
- Communication and Engagement Strategy

The Board noted the SEND Improvement Plan.

RESOLVED:

That the content of the Draft SEND Improvement Plan be noted.

- 43 Kirklees Frailty Strategy**
Ruth Devine and Julie Oldroyd, Greater Huddersfield CCG and North Kirklees CCG presented the draft Kirklees Frailty Strategy to the Board for discussion and approval.

The Board was informed that frailty is one of the key priorities in the delivery of the Kirklees Health and Wellbeing Plan, is cited in the Long Term Plan and is a focus for local integration work between Health and Social Care. Across the Kirklees footprint, a joint Health and Social Care draft frailty strategy has been developed in collaboration with a number of partners and stakeholders within the system. The draft strategy is relevant to all age groups and takes a life course approach.

The Kirklees Frailty Strategy builds on the existing North Kirklees Frailty Strategy as a Kirklees wide strategy was needed. The purpose of the strategy is to outline how quality of life and outcomes for the Kirklees population will be improved by the system's stakeholders working together to prevent frailty and improve identification and care of those who are already frail. It has a strong focus on both health and social care elements to support people to live as independently as possible.

The strategy has been split into five key domains which supports delivery of the 7 Kirklees outcomes and the priorities outlined in the health and wellbeing plan:

- Prevention
- Healthy and Safe Environment
- Supportive Networks
- Seamless Integrated Systems
- High Quality, Person Centre and Personalised Care

A Frailty Steering Group is being developed across the Calderdale, Kirklees and Wakefield (CKW) footprint. Across CKW a number of work streams have been developed with a frailty focus aiming to improve the quality of life and outcomes for the local population.

The Board commented that it is important to capture the patient's voice and to speak to people generally including local businesses to raise awareness of the different services in Kirklees that people can be signposted to.

The Board further commented that it is a well written document that links to the outcomes of the Health and Wellbeing Plan.

RESOLVED:

That the Joint Health and Social Care Frailty Strategy be approved by the Board.

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	30 January 2020
TITLE OF PAPER:	Update on the Primary Care Networks Development Programme
1. Purpose of paper	<p>The Health and Wellbeing Board has requested regular updates on the system wide development of Primary Care Networks (PCNs) in Kirklees.</p> <p>This paper summarises the progression made since the last update to the board September 2019 in the continued establishment of the nine PCNs across Kirklees.</p> <p>The paper describes progress made, since the last update to the board September 2019, against national requirements, summarises the support provided to PCNs and provides assurance of the delivery of the work programme.</p>
2. Background	<p>2.1 National Policy and Guidance</p> <p>The NHS Long Term Plan (LTP) published in January 2019, is a plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years. The LTP continues to promote the prominence and importance that Primary Care Networks (PCNs) have in the NHS strategic direction.</p> <p>On 31 January 2019, NHS England and the British Medical Association’s General Practitioners Committee published a five-year GP (General Medical Services) contract framework from 2019/20. The new contract framework marked some of the biggest General Practice contract changes in over a decade. It aimed to ensure that every General Practice plays a leading role in a PCN which will include bigger teams of primary care professionals working together in local communities.</p> <p>The principles of integration and closer working between Health and Social Care in these key NHS policy documents very much reinforce the way in which Kirklees had commenced the journey locally and are in alignment with the Kirklees Health and Wellbeing Plan 2018-2023 as well as the Primary Care Strategy documents for both CCGs.</p> <p>This paper sets out the achievements of key programme milestones and describes the deployment of resources to support the continued maturity growth and mobilisation of the PCNs.</p>
3 Kirklees Primary Care Networks update overview	<p>3..1 Final registration documentation was submitted by the nine Kirklees PCNs and approved on the 30 June 2019 through relevant Kirklees governance structures. NHS England, in turn, confirmed full registration of all nine Kirklees networks.</p> <p>3..2 As part of the authorisation of the network registration Clinical Directors in Kirklees were confirmed and commenced in their roles as of July 2019. Since the last updated report to this Board, unfortunately we received the resignation of the Viaducts Care Network Clinical Director*, who in turn was replaced following a formal PCN election and registration process; the current PCN Clinical Directors in post are confirmed as follows in figure 1</p>

below:

Figure 1 – Clinical Directors in Kirklees PCNs

Primary Care Network	Clinical Director
Dewsbury & Thornhill Network	Dr Indira Kasibhatla
Three Centres Network	Dr M Hussain
Batley & Birstall Network	Dr C Ratcliffe
SHAWN Network	Dr Imad Riaz
The Valleys Health and Social Care Network	Dr Dilshad Ashraf
The Mast Primary Care Network	Dr Louise James
*Viaducts Care Network	*Dr Sajid Nazir
Greenwood Network	Dr Jane Ford
Tolson Care Partnership	Dr Sarah Milligan

- 3..3 All nine PCNs continue to meet on a monthly basis, with Networks maturing in different areas of their development at varying paces.
- 3..4 A majority of the Networks have developed management teams to direct the work beginning to be identified and driven through the PCNs.
- 3..5 Membership of the networks still vary greatly, however significant progression has been made with increasing levels of inclusion of 'non GP practice' primary care providers from across the system.
- 3..6 The Integrated Provider Board (IPB) continues to be the most appropriate mechanism to ensure that a system and partnership led approach can be achieved in Kirklees. IPB continue to develop the best mechanism to ensure the Clinical Directors are represented within the board aiming to develop a strong relationship between 'Kirklees' and network level partnership delivery; further enabling PCNs to inform and be informed by system level strategies.
- 3..7 The Local Authority and Locala were identified very early into the PCN development journey as key partners in enabling PCNs to deliver their nationally set criteria, but also to ensure Kirklees approach was beginning to develop. With this in mind the CCG have provided funding to enable each of these organisations to recruit into a temporary role that aims to offer a level of coordination and progression from their own organisational perspectives.
- 3..8 Each organisation has now recruited into these roles and connections are beginning to develop.
- 3..9 A non recurrent '**Start up package**' of support, described in previous board papers, has been provided to the directly PCNs. The priority areas resourced through the package included:
- **ICT infrastructure start up**
 - **Additional Clinical Director Session**
 - **PCN Additional Management Support**
 - **Dedicated PCN Nurse support**
 - **Legal Support**
 - **Support at Scale**

- 3..10 The package utilised non recurrent funding and was therefore provided with the expectation that any ongoing costs would be met and managed by the individual PCN.
- 3..11 The implementation of this package of support has since enabled:
- **Regular (monthly) CCG engagement with the nine Clinical Directors and their mgt. support**
 - **Work with the two GP federations, to explore models of supporting the PCNs at scale**
 - **Additional capacity to support the Clinical Directors and the operational asks of the PCNs**
 - **Encouraged increases in Nurse involvement across the PCNs**
 - **Provided formal Legal advice to the PCNs**
- 3..12 These developmental areas have proven to be instrumental, especially with regards to enabling frequent engagements and integration with the PCN leadership teams. In turn the levels of collaboration between PCNs both within their CCG boundary groups but also across the nine Kirklees PCNs, reflected recently within their PCN development plan spending plans, discussed later in this report.

4 Primary Care Network Maturity Matrix and Development Plans

On the 14 August 2019, NHSE released their PCN Development Support Guidance and Prospectus; this included a refreshed PCN Maturity Matrix and an excel tool to help PCNs understand their development needs. The PCNs were expected to completed and return their submissions by the 20th September. All PCNs met this deadline.

The matrix (as illustrated below) was set out as a table of components for the development of PCNs and was organised as follows:

- Five rows which organise the components into the following developmental areas;
 - **Leadership, planning and partnerships**
 - **Use of data and population health management**
 - **Integrating care**
 - **Managing resources**
 - **Working in partnership with people and communities**
- Four columns showing a development journey over time –organised into ‘Foundation’, Step 1, Step 2 and Step 3, each subdivided into areas outlining core components that underpin the successful development of networks.

DRAFT

	Foundation	Step 1	Step 2	Step 3
Leadership, planning and partnerships Prospectus, Domain, Leadership, CO, Change management, CO leadership	For PCNs: - There is a plan in place articulating a clear vision for the Network and steps to getting there, including actions that will be taken to build within the Network to build the plan. - GPs, local primary care leaders, local people and community organisations, voluntary sector and other stakeholders, believe in the vision and the plan to get there. The vision and plan should be inclusive of all local partner organisations that will be working together across the network and neighbourhoods to build the plan. For Systems: - Systems are actively supporting GP practices and wider providers to start establishing networks and integrated neighbourhood plans of working and have identified resources (people and funding) to support PCN development. - Systems have identified local approaches and teams to support PCN Clinical Directors with the establishment and development of networks and for clinical directors in their new roles.	For PCNs: - The member organisations within the network have an agreed shared development plan. - Joint planning is underway to ensure a consistent approach to the development of integrated services as well as the development of arrangements for PCNs to collaborate for services. - The network is operating as per the PCN set size. - There are local arrangements in place for PCNs (for example through PCN Clinical Directors) to be involved in system strategic decision-making that both supports collaboration across services and with wider providers including NHS Trusts, VFs and local authorities. These arrangements should reflect the local multi-agency nature of networks. For Systems: - Systems should enable primary care providers to have a seat at the table for system strategic decision-making. - As set out in the LTP, there is a system led strategy for PCN development to transfer from funding and support model available for PCN development. - System leaders support PCN Clinical Directors to share learning and support PCN development.	For PCNs: - PCNs have established an approach to strategic and operational decision-making that is inclusive of providers operating within the network footprint and delivery network services. There are local governance arrangements in place within networks to support integrated partnership working. - The PCN Clinical Director is working with the ICS leadership to share learning and work collaboratively to support other PCNs. For Systems: - Primary care is enabled to play an active role in system strategic and operational decision-making, for example through the Emergency Care Mechanisms in place to ensure effective representation of all PCNs at system level. - PCN Clinical Directors work with the ICS/STP leadership to share learning and work collaboratively to support other PCNs.	For PCNs: - PCN leaders are fully participating in the decision making of the ICS leadership team. For Systems: - Primary care providers are full decision making members of the ICS leadership with appropriate representation at the system and place levels, working in tandem with other partners to allocate resources and deliver care.
Use of data and population health management Prospectus, Domain, Population Health Management	For PCNs: - PCNs are considering how they will build their approach to population health management, including the potential PHM infrastructure and intelligence they will require. For Systems: - Efforts are in place to build the infrastructure for PHM including facilitating access to data, developing information governance and providing analytical support.	For PCNs: - Analysis on variations in outcomes and resource use between practices and PCNs is readily available and shared. - Basic population segmentation is in place, with understanding of needs of key groups, their needs and their resources. This would enable networks to introduce targeted interventions, which may be highly targeted on priority population cohorts. - Some intelligence about priority groups is utilised in planning of where formal data and intelligence is less available. For Systems: - Basic data sharing and information governance arrangements have been established that supports PCNs with implementation of PHM approaches. - Support is provided to PCNs around data and analysis of variation in outcomes and resource use. - Common population definitions are developed across different levels of the system.	For PCNs: - All primary care clinicians can access information to guide decision making, including risk stratification to identify patients for proactive interventions, IT enabled access to shared records, and real-time information on patient interactions with the system. - Functioning interoperability within networks, including real-time access to records, sharing of some staff and estate. For Systems: - There is a 'data and digital' infrastructure in place to enable a level of interoperability within and across PCNs, including an emphasis on the availability of shared care records. - PCNs are provided with more local strategic data and insight, to risk stratify patients to support identification of high risk patients and deliver proactive interventions.	For PCNs: - Systemic population health analysis allows PCNs to understand in depth their population needs and design interventions to meet them, acting as early as possible to keep people well. PHM population health models fully functioning for all patient cohorts. - The Network has embedded PHM approaches and use of real-time data to enable integrated care team case management across all population cohorts. For Systems: - Full interoperability is in place across network partners, including shared care records and system partners work with PCNs to design care models and interventions based on evidence to target priority patient groups and implementation plans.

NHS England and NHS Improvement

N.B. This is a screenshot for illustrative purposes.

4.1 Purpose of the maturity matrix

The matrix was to be **developed and tailored to meet local circumstances** and was designed to support system and network leaders, working in collaboration with their commissioners and other local leaders within neighbourhoods, to work together to:

- Identify where PCNs are now in their journey of development –and how PCNs can build on existing improvements such as those that may have been enabled by the GP Forward View and other local integration initiatives.
- Develop plans for further development –that help networks to continue to expand integrated care and approaches to population health.
- Identify support needs –using the PCN Development Support Prospectus as a guide for framing support plans and coming together to form links with their new team.

All PCNs submitted their completed Matrix and associated development plans on time. In order to facilitate a balanced view within the submission, system partner organisations were also given the opportunity to provide feedback into the matrix submissions.

It is recognised that although have progressed significantly since their inception 7 months ago, the Kirklees PCNs remain at varied stages of development and maturity; with many PCNs already collaborating with partners across sectors on transformation schemes and initiatives, yet a number focussing on ensuring the correct infrastructures are in place. On further analysis it was apparent that although the maturity levels were varied against stated core components in the matrix; all nine PCNs placed themselves at the 'foundation stage' of the maturity matrix within their final submissions.

On 25 October 2019 the allocation of the PCN Development Support Funding and Principles for spend were communicated from the West Yorkshire and Harrogate Health and Care Partnership

(WY&H) directly to the Clinical Directors. The development support offer is both for CD Personal Development and PCN wider development.

The funding offer received, linking to the Prospectus, was split into two categories of funding;

1. Funding to **support the personal development of Clinical Directors**
 - a. £3,500 is allocated to each PCN
2. Funding to **support the development of the PCN.**
 - a. £32,000 is to be indicatively allocated to each PCN

In relation to both categories of the funding (CD and PCN Development), PCNs were encouraged to actively consider whether there are opportunities for them to work together, share support where there are similar needs and if it could offer better value for money to secure support collectively. Their submissions were required to provide direct correlation to their previously submitted development plans, highlighting to specific developmental areas that they intended to work upon, both for the CD and the PCN.

As demonstrated in figure 2 below; on aggregate priorities seem to be uniformly distributed between stated ‘developmental priority areas’ (except for Integrating Care).

Integrating care is not a stated a priority for any of the PCNs in Greater Huddersfield, with some of the North Kirklees PCNs focusing on Integrating Care and Population Health Management. All nine PCNs are consistently directing their Clinical Director funding towards the same two maturity areas:

- **Leadership, Planning and Partnerships**
- **Managing Resources**

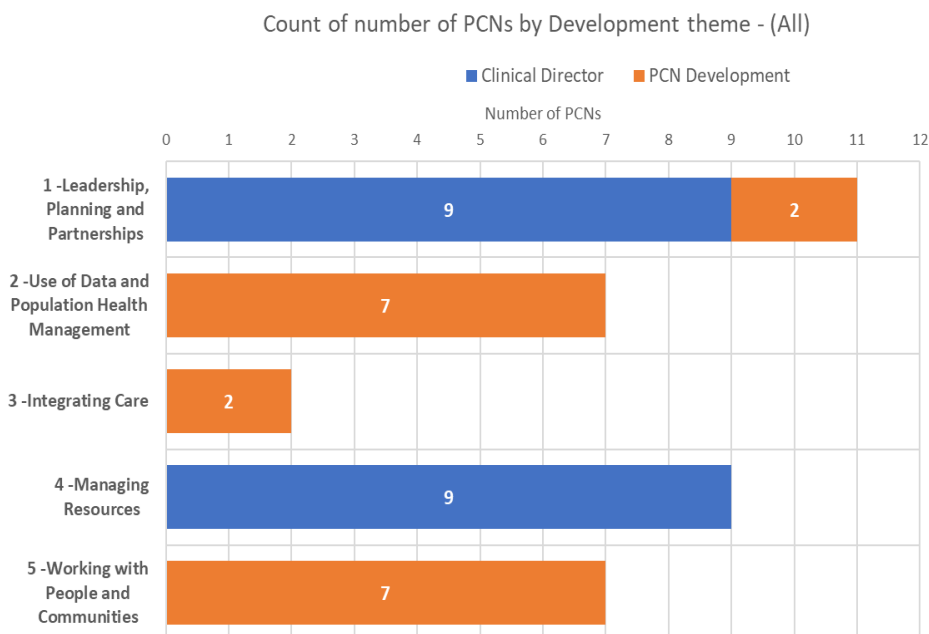


Figure 2 – Stated Priority areas for maturity measurement

Both the Greater Huddersfield and North Kirklees PCNs have requested to pool funding to recruit into a ‘Development Manager’ for each area (CCG area) to coordinate and manage the

implementation of their development plans; to provide 'Specialist support for development of robust governance structure'

The Greater Huddersfield PCNs have requested to allocate and pool funding for further Legal support, this will be over and above the exiting local Legal Support offer. In turn, 2 of 4 North Kirklees are looking to fund access to additional Human Resources Support: Basic Employment Law, contracting and procurement.

All 9 PCNs are consistently targeting a proportion of their funding towards developing their engagement with the Public, Patients and wider stakeholder groups. This includes the development of Network Patient Reference Groups and holding community engagement events,

Other areas proposed included:

- **Population Health Management**
- **Developing Practice teams, including leading transformational change**
- **Specific project areas such as; Childhood Obesity, and Enhancing Diabetes Care**
- **Development of Marketing material including website development**
- **Developing PCN Leadership teams, including leading transformational change**
- **Producing development plans related to their Data and Intelligence packs /Population health Management**
- **Estates mapping audits**

As of 9 January 2020, all spending plans have been approved with NHSE regional leads commending the plans due to their evident 'PCN collaboration'.

4.3 Kirklees Primary Care Network Programme

The PCN development programme is multi-faceted with a range of specified areas that all PCNs and systems nationally are required to focus resources on over the coming years;

- **Recruitment of New PCN Roles**
- **Implementation of 7 national Specifications**
- **Developing and integrating the roles of Clinical Directors**
- **Development plans against the 5 Maturity Matrix themes**

In order to support this, the PCN programme structure has recently been revised to ensure it reflect the needs of the PCNs, utilises system resource and further enables the PCNs to deliver against their Network Contract Des;

Appendix 1 further demonstrates not only the complexity of the system that that the newly formed PCNs and their Clinical Directors are expected to be integrated into, but also begins to define a process in which PCNs can be represented and information can begin to flow between each level of the system.

From July 2019 all PCN were able to recruit into two new PCN roles:

- **Social Prescribing Link Worker (SPLW)**
- **Clinical Pharmacy (CP)**

A delivery model developed by the local authority has enabled **all nine PCNs** across Kirklees to recruit and deliver their social prescribing link workers from October 2019.

Clinical Pharmacy has not been provided in the same manner as the SPLW model, therefore creating a mixed approach across North Kirklees and Greater Huddersfield PCNs. **5 of the 9 PCNs have recruited** into this role, with all four PCNs in North Kirklees fully recruited, via third parties. Greater Huddersfield PCNs are currently developing a plan and exploring potential options to utilise the funding available for their additional roles. North Kirklees CCG was the only CCG across the ICS partnership to have fully recruited into all of their available roles, further demonstrating the complexities behind this element of the contract.

From April 2020 PCNs will be able to recruit incrementally from a choice roles (for which the Job Specifications are available) within a maximum budget they are allocated; to support delivery of the Network Contract DES requirements as follows:

From April 2020

- **Clinical pharmacists**
- **Social Prescribing Link Workers**
- **Physician Associates**
- **Physiotherapists**

From April 2021

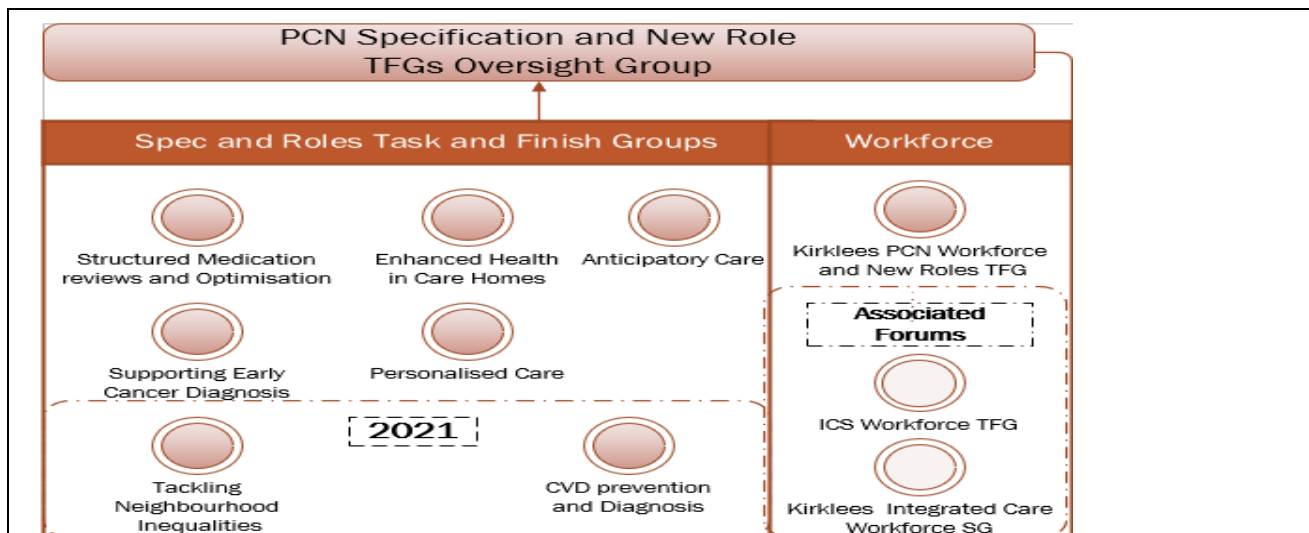
- **Paramedics**

It is becoming evident that providers, the federations and the PCNs themselves are beginning to explore potential models available to them in terms of recruitment into these roles. Following discussions with some of the Clinical Directors, discussions are well underway to ensure a coordinated Kirklees approach is taken to workforce recruitment going forward in turn reducing the destabilisation of sections of the system,; thus requiring significant engagement with existing and potential providers.

4.4 Implementation of 7 national Specifications

On the 23rd December 2019 NHSE/I released 5 draft specifications for consultation. The consultation closed on 15th January 2020. The draft specifications have not been received positively nationally, and we are awaiting formal communications as to next steps. It is intended that the specifications will be in place and delivery will commence from 1st April 2020.

The PCN programme have put in place a number of Task and Finish groups to focus on the specification areas across Kirklees. The groups aim to provide a coordinated approach to support the Networks in understanding the potential requirements that may be placed upon them, what they may need to put in place; in turn understanding their current position and identifying any potential gaps. Furthermore, it is likely that PCNs may not be able to deliver the requirements of the specifications in isolation of the wider system therefore inclusion of relevant stakeholders in this element of the programme is vital to its success.



The newly formed ‘**PCN Specifications and New roles TFG Oversight Group**’ has a wide cross organisational membership. The oversight group works with the TFG leads to ensure the TFGs develop at pace; identifying resources and removing any identified blockages ensuring momentum is maintained, offer a level of coordination, link back into relevant organisations, removing identified barriers, identifying linkages across the programme, inclusive of workforce and make relevant recommendations.

It was further recognised that most of the areas identified within the Specifications are already under development developed, sitting within existing programme of work across the system. Recognising the need to reduce duplication and make the best use of resource, it was agreed, where appropriate, to add this focus piece of work into existing groups but to ensure that the specifications become a priority area of focus. Where this was not possible a new task and finish groups was to be assembled to enable this work to be driven forward at pace.

A relevant lead is assigned to each TFG to lead the project management. The leads were identified on the basis that their current work is related to the associated specification.

Initially there will be 5 task and Finish groups, each focusing on the initial 5 specifications (noted below). All of the proposed groups will be exploring issues such as workforce, BI, Contracts, Finance and existing programmes of work /resource. The Five Task and Finish group leads are currently as follows:

Specifications to be delivered from April 2020

- | | |
|---|-------------------------|
| • Structured Medications Reviews and Optimisation | Patrick Heaton |
| • Enhanced Health in Care Homes | Julie Oldroyd |
| • Anticipatory Care | Nicola Cochrane |
| • Supporting Early Cancer Diagnosis | Julie Honneybell |
| • Personalised Care | Rachel Milson |

Specifications to be introduced April 2021 (to be developed post April 2020)

- CVD Prevention and Diagnosis
- Tackling Neighbourhood Inequalities

Each task and finish group will have bespoke membership, to be determined by the associated

groups, but as a minimum will have a Project lead, CCG primary care team and PCN / Clinical representation. We have also shared this proposed approach with the Integrated Provider Board so as to gain wider involvement and support. This has received a positive response to date, with expressions of interests from range of parties inclusive of; third sector providers, acute trusts, federations and PCNs.

Each TFG are tasked to develop a clear understanding of the potential requirements that PCNs (and the wider system) may need to have in place in order to deliver against the anticipated Specifications. Our aim is to conclude these TFGs ahead of the Specification implantation, in order to ensure we are ready to respond and mobilise against the final national Specifications which have not yet been published but are required be delivered from April 2020.

4.5 Stakeholder Engagement and Partnership Approach

The CCG and partners have engaged with the PCNs during their development. More recently a specific session was delivered with the Clinical Directors to ascertain what their needs may be with regards to communications and engagements. This resulted in a series of documents being developed and shared across the PCNs to support these areas of work to develop further.

The tool kit provided some resources to support talking to their registered populations about primary care networks. Items include:

- A simple guide to communications.
- Handout/poster with some key information that can be shared with your patient participation groups, published on websites or on practice notice boards.
- List of primary care networks in each area that can be used with the handout/poster
- Q&A sheet that can be adapted and used as above.
- Format for PCN newsletter/information sheet to be adapted and used as you wish.

The pack further provided support tools and guidance with an overall aim to ensure PCNs were aware of relevant information inclusive of:

- Public participation' or 'engagement' is about including local people in decision-making
- 'Working in partnership with people and communities' means going further than involving people in 'one off' engagement or consultation exercises, and instead having an ongoing dialogue
- Aim to develop a 'business as usual' approach of working in partnership with the local community – ensuring that the views and experiences of local people influence all aspects of the design and delivery of care and services are co-created with people.

5. Financial Implications

Significant investment has been provided to the PCNs to support their development, this includes the core funding provided directly to PCNs:

- **£1.76/ registered patient – Practice Participation Fund**
- **Clinical director Funding - Equivalent 1 Day /week**
- **£1.50/head – Based upon PCN registered population size**
- **Role Reimbursement Funding – To be claim against newly recruited PCN staff**

- **£3,500 /Clinical Director – For Clinical Director Development**
- **£32,000 / PCN – PCN Development**

However, the CCG have also funded grant based funds over and above this core funding, as described within the previous updates. Primarily these funds were modelled and targeted towards, programme management, data analysis support and network establishment. It is anticipated that the Leadership meetings, supported by task and finish groups will continue to act as the driving mechanisms to accelerate the maturity and development of the PCNs across Kirklees

6. Sign off

Carol Mckenna – Chief Officer, Greater Huddersfield and North Kirklees CCGs

Steve Ollerton – Clinical Chair, Greater Huddersfield CCG

David Kelly – Clinical Chair, North Kirklees CCG

7. Next Steps

1. Continue with Programme Management approach to support the maturity growth and development of the Clinical Directors and PCNs
2. Continue the integration of PCNs into the wider system infrastructure, confirming roles and interrelationships between the strategic direction and operational aspects of the PCNs
3. To develop and implement a Kirklees agreed approach to Population Health Management ensuring resources are directed to the right sections on the populations the PCNs are serving.
4. Support the development and implementation of appropriate Communications and Engagement strategies suitable to the needs of the PCN populations
5. Prepare the PCNs and the wider system for the implications potentially set out within an new National Specifications

8. Recommendations

It is recommended that Health and Wellbeing Board:

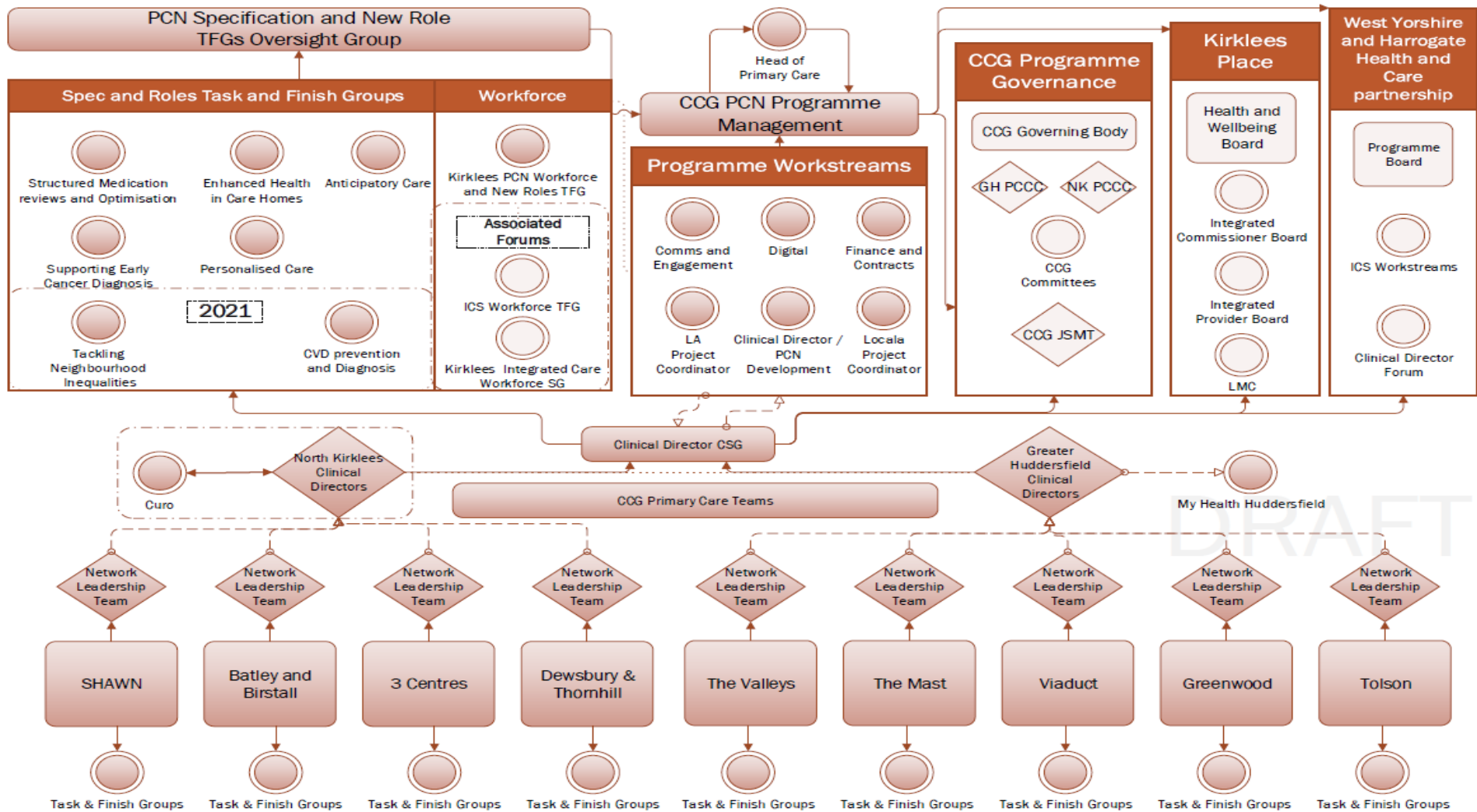
1. Notes the achievement of key national milestones to register and establish nine Primary Care Networks in Kirklees.
2. Notes the support offered to Primary Care Networks to encourage and facilitate their development.

9. Contact Officer

Catherine Wormstone, Head of Primary Care Strategy and Commissioning

Catherine.wormstone2@greaterhuddersfieldccg.nhs.uk

Draft Primary Care Network Programme Structure - From a ClinicalDirectors Perspective



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KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE:
TITLE OF PAPER: Tackling Violence in Kirklees
<p>1. Purpose of paper</p> <p>This paper reports to the Health and Wellbeing Board following a discussion at the informal board. The aims of the session were to</p> <ul style="list-style-type: none">• Develop a shared understanding of violence reduction, especially as a public health issue• Learn lessons from successful partnership-based approaches in other areas• Understand the emerging plans for violence reduction in West Yorkshire and Kirklees, and how we can make a difference in Kirklees• Clarify the role of the Board and its members
<p>2. Background</p> <p>The World Health Organisation's definition of violence as a Public Health issue is that it is:</p> <ul style="list-style-type: none">• Focused on a defined population;• With and for communities;• Not constrained by organisational or professional boundaries;• Focussed on generating long term as well as short term solutions;• Based on data and intelligence to identify the burden on the population, including any inequalities;• Rooted in evidence of effectiveness to tackle the problem. <p>It advises that the local area must take the advice of Public Health England (and their equivalent in Wales) when determining how they will apply the public health approach in delivering violence reduction interventions.</p>
<p>3. Discussion</p> <p>The discussion identified the following possible roles for the Health and Wellbeing Board - these are;</p> <ul style="list-style-type: none">• Building a shared intelligence base, including through the JSA• Promoting prevention and early intervention focussed approaches, including the importance of Adverse Childhood Experiences (ACE) informed approaches and maximising opportunities to spot potential issues early• Encouraging partners to build tackling violence into existing and emerging programmes e.g. Thriving Kirklees• Improving co-ordination across programmes

Kirklees Violence Reduction Partnership

The board heard that locally, Kirklees tackles violence through its violence reduction partnership. Meeting quarterly, the aim of the Partnership is to reduce all forms of violence (whether it is committed with a knife, gun, bottle or fist or by a young person or adult).

In Kirklees, we are adopting ‘a public health approach’ by which we believe that poor outcomes are not inevitable and can be improved through a concerted, partnership effort. This approach has four key steps

- To define the problem through the systematic collection of information about the magnitude, scope, characteristics of the issue we are seeking to address
- To establish why the issue occurs using research to determine the causes and consequences of the issue, the factors that increase or decrease the risk of the issue, and the factors that could be modified through interventions.
- To find out what works to prevent the issue by designing, implementing and evaluating interventions, and
- To implement effective and promising interventions in a wide range of settings. The effects of these interventions on risk factors and the target outcome will be monitored, and their impact and cost-effectiveness will be evaluated.

Governance arrangements will be through the Communities Partnership Board and into the West Yorkshire arrangements.

4. Financial Implications

N/A

5. Sign off

Rachel Spencer-Henshall

Strategic Director for Corporate Strategy, Commissioning and Public Health

6. Next Steps

The informal discussion suggested the following next steps:

- Schedule a discussion at a future Integrated Provider Board
- Individual Board Members to follow up directly with the police on possible opportunities for collaboration
- JSA Steering Group to identify opportunities for strengthening JSA in relation to Tackling Violence and Adverse Childhood experiences (ACE)

7. Recommendations

That the board notes this update and asks for a report on progress in 6 months time.

8. Contact Officer

Rachel Spencer-Henshall

Strategic Director – Corporate Strategy, Commissioning and Public Health

Rachel.spencer-henshall@kirklees.gov.uk

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	30 January 2020
TITLE OF PAPER:	WY&H Care Partnership Unpaid Carers Programme / Kirklees Carers Strategy
1. Purpose of paper	<p>For sight of WY&H Care Partnership Unpaid Carers Programme and the Kirklees Carers Strategy.</p> <p>For the Board to shape the partnership response to key strategic issues concerning carers.</p> <p>For the Board to champion carers support across all partners.</p> <p>For all the organisations to support the partnership ambition to adopt the WYH working carers passport</p> <p>For the board to adopt the objectives and indicators on behalf of Kirklees, with regular reporting on progress.</p>
2. Background	<p>Kirklees has a Carers Strategy co-produced via the Kirklees Carers Strategy Group and local carers. The strategy and good outcomes for carers in Kirklees are impacted by the Board partners and require a system-wide joint approach to understanding and supporting carers' needs.</p> <p>The West Yorkshire and Harrogate Health and Care Partnership aspire to be a place where carers are recognised and given the support they need to both manage their caring role and remain in work and education, no matter where they live in West Yorkshire and Harrogate.</p> <p>Carers make a huge contribution to the health and social care system. There is substantial evidence to suggest that there are Children and young people as young as 5 caring for parents with long-term health conditions with up to 40% reporting mental health conditions themselves. Many carers are 'hidden' i.e. providing the majority of care without formal support. Evidence suggests targeted early intervention and support reduces carer breakdown and thereby limits the care and support needed for them and the cared for person. Carer investment is important to preventing further ill-health, the promotion of assistive technology and self-care. Supporting the carer's own health and wellbeing and enables them to remain in work - benefiting their household income and the local economy.</p>
3. Proposal	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1) Shape the partnership response to supporting carers 2) Ask each partner to nominate a lead within their organisation. 3) Ask each partner to sign up to the Carers Passport 4) Ask each partner to deliver awareness training to front-line staff (support provided) 5) Adopt the programme objectives and receive reporting on progress <p>The Kirklees Carers Strategy is here: https://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/kirklees-carers-strategy.pdf</p>

brief overview is included below.

The West Yorkshire and Harrogate Caring for Carers Strategy can be found here:

[https://www.wyhpartnership.co.uk/application/files/2815/7926/7381/Caring for Carers Strategy 2019.pdf](https://www.wyhpartnership.co.uk/application/files/2815/7926/7381/Caring_for_Carers_Strategy_2019.pdf)

An overview of the Kirklees Carers Strategy:

The strategy was written by carers and key partners involved in the Kirklees Carers Strategy Group. It has no start or end dates as it is a live document to be updated as changes happen.

The strategy defines what a carer is (unpaid, supports a person with a disability who couldn't cope without this support, lives within Kirklees), what key needs of carers are, outlines info about carers in Kirklees, and states why it is important to support carers.


The strategic vision is broken down into 9 statements which Kirklees is committed to building, maintaining, and helping carers achieve:

- Communities that understand
- Information, advice, and support to manage their caring role
- Respect, dignity, and freedom from abuse
- Carer-friendly Health and Care Support
- Planning for the future
- Wellbeing
- Rights, Confidence, and Advocacy
- Life outside caring
- Recognised / valued

The strategy includes further details on achieving each of the 9 areas of the vision.

Self-sufficiency and identification are themes which run through every area of the vision

Self-sufficiency:

1	Enable as much self-sufficiency for carers as possible, where carers and communities support themselves		Most people	Help as many people as possible to achieve this
2	Provide information, advice, and training to help all carers cope with and manage their caring role as best they can		Fewest people	Move carers upwards towards self-sufficiency as much as possible
3	Where necessary, provide practical support to carers with complex caring roles to reduce the burden of caring			Available for those that need it the most

Identification and signposting to help:

The earlier a carer recognises them self as a carer and seeks help, the more independent they can be. To encourage everyone to do this as much as possible we need to make sure the process for doing this is as simple as possible.



Outcomes

The Survey of Adult Carers in England (SACE) shows that Kirklees is:

SACE Domain	Regional comparison	England comparison
1D: Carer Related Quality of Life	Best in region	Above England average
1I(2): Social Contact	Best in region	Above England average
3B: Satisfaction with Care and Support	Below region average	Below (close to) England average
3C: Carers Consulted Regards to Cared for Person	Below (close to) region average	Above (close to) England average
3D: Finding Information	Below (close to) region average	Below (close to) England average

The above actions are designed to create Carer-aware culture and services which will improve

- 3B: Carer Satisfaction with care and support
- 3C: Carers Consulted Regards to Cared for Person
- 3D: Carers finding information

Impact is measured every 2 years via the Survey of Adult Carers in England (SACE).

Our Plan on a Page

Primary & community care <ul style="list-style-type: none"> WY & H Clinical leaders to adopt quality markers within their primary care networks and GP practices by 2024 	Working with our hospitals <ul style="list-style-type: none"> Development of carers contingency plan. Every organisation to have its carers champion at board level 	Young carers <ul style="list-style-type: none"> To have delivered three young carers careers events with a proposed reach of 2000 people and 240 young carers in attendance Supporting our GP Practices to proactively identify and support young carers 	Personalised care <ul style="list-style-type: none"> All six places prioritise carers as a cohort group within their social prescribing plans by 2019 Embedded Social prescribing approaches for carers to maintain health and wellbeing 	Working carers <ul style="list-style-type: none"> All NHS trusts to have adopted a digital working carers passport including a suite of digital resources for line managers to support their working carers. 	Mental health <p>For mental health trusts to:</p> <ul style="list-style-type: none"> Adopt the Dementia Charter Be carer friendly and adopt the six principles of good practice (Triangle of Care, 2010). Easier access to social prescribing and self management support for carers
Indicator: <ul style="list-style-type: none"> All PCNs/GP Practices to have signed up to deliver quality markers by 2023 	Indicator: <ul style="list-style-type: none"> Contingency plan available across WY & H and 3000 carers signed up to carry a carers contingency plan by 2021 	Indicator: <ul style="list-style-type: none"> Number of young carers who attended careers events All GP Practices to have signed up to the top tips checklist for young carers 	Indicator: <ul style="list-style-type: none"> All six places have plans to support carers in their social prescribing models by 2020 	Indicator: <ul style="list-style-type: none"> All NHS trusts to have adopted the working carers passport by 2022 	Indicator: <ul style="list-style-type: none"> All mental health trusts to have signed up to carer friendly environments and the Dementia Charter by 2021
Carer awareness & communications and engagement with BAME and LGBTQ communities and young carers					

4. Financial Implications

From the above asks, each partner is asked to:

- 2) Nominate a Lead within each partner org.
- 3) Each partner sign up to the Carers Passport
- 4) Each partner deliver awareness training to front-line staff (support provided)

Commitment to providing some staff time is required to realise these actions.

5. Sign off

Richard Parry

6. Next Steps

As per the above asks.

7. Recommendations

The Board consider the above asks.

8. Contact Officer

Lyndon Peasley

01484 221000 ext. 71125

lyndon.Peasley@Kirklees.gov.uk

Fatima Khan-Shah

01924 317659

f.khan-shah@nhs.net

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	30th January 2020
TITLE OF PAPER:	“Stronger together – working for a safe and healthy Kirklees” - Kirklees Inter-Board Partnerships Protocol
1. Purpose of paper	To ask the Board to formally adopt the “Stronger together – working for a safe and healthy Kirklees” - Kirklees Inter-Board Partnerships Protocol.
2. Background	<p>The sustainable delivery of improvements in health wellbeing and safety for the population of Kirklees is dependent on effective collaboration across a wide range of organisations and partnership bodies. The Health and Wellbeing Board has a valuable function in supporting this work through its role of providing whole system leadership. In January 2017 the Board endorsed joint working protocols, which set out the roles and expectations of a range of key bodies to promote the effective collaboration. These protocols drew on the work of The Centre for Public Scrutiny. The signatories to those protocols have been working to the principles and plans they set out for more than 2 years.</p> <p>In that time all of the bodies have evolved along with the focus of collaborative action. In early 2019 the chairs and officers supporting the Boards set out below began meeting to review the collaborative arrangements. A partnership workshop was held in early April 2019 which focused on</p> <ul style="list-style-type: none"> • Developing a more outcome focused approach, especially to our most pressing shared agendas (domestic abuse, hate crime, modern slavery, child sexual exploitation, FGM and Prevent) • Clarifying and improving local governance arrangements, including who is leading on which shared agenda and our approach to challenge and escalation. <p>One of the key outcomes from those discussions was the need to refresh the joint working protocol covering the relationship and working arrangement between</p> <ul style="list-style-type: none"> • Kirklees Health and Wellbeing Board • Kirklees Safeguarding Children Partnership • Kirklees Safeguarding Adults Board • Kirklees Communities Board • Kirklees Children and Young Peoples Partnership <p>The refreshed protocol describes the roles, functions and interrelationship between these strategic partnerships across Kirklees in their joint determination to safeguard and promote the health and wellbeing of children, young people and adults.</p> <p>These challenges often impact the work undertaken in more than one board. Managing these cross cutting issues together is at the heart of the protocol. Whilst each body has its own specific and distinctive role, the boards and partnerships also have shared values and often shared priorities, alongside a shared view on delivering the best outcomes to meet local need. By collaborating together we can have a greater impact on the factors that lead to inequality, as many of the determinants of these issues and finding solutions cannot lie with a single partner or partnership.</p>
3. Proposal	That the Health and Wellbeing Board receives, endorses and adopts the Kirklees refreshed Inter-Board Partnerships Protocol.

4. Financial Implications

There are no direct financial or resource implications.

5. Sign off

Mike Houghton Evans, Independent Chair, Kirklees Safeguarding Adults Board
Sheila Lock, Kirklees Safeguarding Children Partnership
Rachel Spencer-Henshall, Strategic Director Corporate Strategy Commissioning and Public Health
Richard Parry, Strategic Director for Adults and Health
Mel Meggs, Strategic Director for Children's Services

6. Next Steps

Following consideration and adoption by the HWBB of the Kirklees Inter-Board Partnerships Protocol, it will be published.

In addition to setting out the vision, values and principles underpinning the collaboration across the bodies, the protocol also commits the partner bodies to a range of practical actions, including:

- Implementing information sharing protocols to ensure timely data flows
- Sharing the findings of the annual needs analyses, including map of existing sources of data and insights (including the root causes or risk, patterns of who is at risk and where)
- Developing a single high level performance report focused on outcomes not just processes to go to all boards
- Regular joint board workshops on major issues (including members of the Health and Wellbeing Board and Children's Partnership)
- Identifying shared learning and development opportunities
- Sharing reports on progress with developing new assurance mechanisms
- Regular meetings between Board Chairs and Board Managers

7. Recommendations

That the Health and Wellbeing Board

- Endorse and adopt the attached joint protocol
- Receive ongoing reports on actions set out in Section 6 above.

8. Contact Officers

Board managers:

Jacqui Stansfield, Kirklees Safeguarding Adults Board
Sharon Hewitt, Kirklees Safeguarding Children Partnership
Lee Hamilton, Kirklees Communities Board
Mary White, Kirklees Children and Young Peoples Partnership
Phil Longworth, Kirklees Health and Wellbeing Board

“Stronger together – working for a safe and healthy Kirklees”

Kirklees Inter Board Partnership Protocol

1. Purpose of this protocol

This protocol describes the roles, functions and interrelationship between the various strategic partnerships across the Borough in their joint determination to safeguard and promote the health and wellbeing of children, young people and adults in the communities in which they live in Kirklees.

Safeguarding is complex and the challenges that it highlights often impact the work undertaken in more than one board. Managing these cross cutting issues together is at the heart of this protocol. Within Kirklees there are five boards who work to promote safe and healthy communities: the Health and Wellbeing Board, the Safeguarding Children Partnership, the Safeguarding Adults Board, the Communities Board and the Children and Young People’s Partnership. Whilst each board has its own specific and distinctive role, the boards and partnerships also have shared values and often shared priorities, alongside a shared view on delivering the best outcomes to meet local need.

The Boards want to ensure a shared focus on positive outcomes for Children, Adults and community, by making sure that appropriate arrangements are in place between strategic leaders, commissioners, elected members and Chairs to ensure that strategic priorities in relation to safeguarding and managing risk are translated effectively into action plans.

2. Partnership Signatories

The strategic partnerships which are signatories to this protocol are

1. Kirklees Health and Wellbeing Board
2. Kirklees Children and Young People’s Partnership
3. Communities Board, which incorporates the functions of the Community Safety Partnership
4. Kirklees Adults Safeguarding Board
5. Kirklees Safeguarding Children Partnership

3. Vision and Values

The multi-agency network of organisations in Kirklees believes that every child, young person and adult, regardless of their age, culture, sexual orientation, gender identity, disability, ethnicity or religious belief, should be able to participate in a safe society without any fear, violence abuse, bullying, discrimination or exploitation.

Our aim is to collaborate on cross cutting issues and to ensure that our response is based on informed intelligence of local need and risk. We use this to determine our priorities for inter-board collaboration.

This helps to:

- Provide an improved understanding of shared agendas
- Increase co-ordination between the partnership boards
- Reduce duplication of work
- Make better use of time and resources
- Streamline governance arrangements
- Maximise opportunities for shared learning, both in relation to learning from serious incidents and in relation to sharing best practice
- Develop new training opportunities
- Make each body more effective and efficient in delivering improved outcomes for the people of Kirklees
- Ensure there is an identified lead Board with responsibilities for each of the key cross cutting issues.

The Health and Wellbeing Board has a key role in providing leadership for the implementation, monitoring and review of this protocol.

4. Working Principles

This protocol does not seek to dilute the discrete responsibilities of each board. Its focus is to enhance collaboration and to ensure that the following principles underpin how we operate together.

We therefore:

- Promote the ethos of safeguarding is everybody's business and ensure that Safeguarding People is the business of all the boards
- Work together as partners in a climate of mutual respect, courtesy and transparency
- Develop a shared understanding of our respective roles, responsibilities, priorities and different perspectives
- Promote and foster an open relationship where issues of common interest and concern are shared and challenged in a constructive and mutually supportive way
- Share work programmes and information through written reports or by involvement in appropriate meetings or membership of partnership bodies – to avoid the unnecessary duplication of effort.
- Make a presumption that information will be shared in a timely way for the purposes of safeguarding, ensuring adherence to good practice and formal agreements, including GDPR and Caldicott Principles.

This protocol does not preclude any individual body from working with any other local, regional or national organisation to deliver their aims.

5. Specific actions to implement and embed the protocol

We will:

1. Create regular opportunities for members of all the boards to work together to develop a shared understanding of our respective roles, responsibilities, priorities and different perspectives on how we can work together to improve outcomes for people in Kirklees.
2. Develop a shared work plan to reflect our shared work on cross cutting issues, this will be regularly monitored and adapted to respond to emerging need and risk.
3. To support an effective interface across all boards, we will ensure all boards share their respective strategic plans, annual work programmes and annual reports and share minutes and supporting papers between boards for discussion or information as relevant.
4. Ensure the Joint Strategic Assessment takes account of issues relevant to the scope of all five boards.
5. Ensure that engagement activity is jointly planned and co-ordinated wherever possible and use the Kirklees Involve database to ensure maximum coverage and capacity, to avoid duplication and 'consultation fatigue' and to ensure appropriate quality and outcomes.
6. Encourage each board to request that one or more of the boards consider specific issues to ensure a more effective and co-ordinated response that will deliver improved outcomes.
7. Evaluate the impact of the strategies and commissioning decisions on safeguarding outcomes of the five boards.
8. Identify a coordinated approach across the boards to communication and engagement, including awareness raising and campaigns; learning and improvement
9. We will support formal interfaces for the boards at key points of the business planning cycle, including:
 - Strategy development
 - Action planning and review
 - Annual reports

Appendix: Role of Each Board

Health and Wellbeing Board

Overview functions: setting strategic vision, objectives and outcomes/influence and oversight of relevant strategic plans

The Health and Social Care Act 2012 requires local authorities operate a Health and Wellbeing Board (HWB) as a committee of the council. The Kirklees Health and Wellbeing Board (HWBB) is different from a normal council committee as it functions as a forum for collaborative and local leadership, enabling key leaders from the health and social care system in Kirklees to work together to improve the health and wellbeing of the local population and reduce health inequalities.

The Board is made up of elected members, clinical leaders and officers from Kirklees Council, North Kirklees and Greater Huddersfield Clinical Commissioning Groups, NHS England and Healthwatch Kirklees. Local providers of health and care services are represented by the Chair of the Kirklees Integrated Provider Board. Kirklees Council Overview and Scrutiny are invited observers along with the Chief Executives of all major NHS providers and West Yorkshire Police.

The Board has three key responsibilities

- developing a shared understanding of the health and wellbeing needs of communities in Kirklees through the Joint Strategic Needs Assessment (JSNA) - which is known locally as the [Kirklees Joint Strategic Assessment](#) (KJSA).
- developing a [Joint Health and Wellbeing Strategy](#) (JHWS) for how those needs can best be addressed, the implementation of the JHWS happens through a range of organisational and partnership plans, particularly the [Kirklees Health and Wellbeing Plan](#).
- promoting integration and partnership working with the NHS, social care, public health and other bodies in the planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees, including as part of regional working.

The HWB strengthens democratic legitimacy by involving democratically elected members and patient voices (through Healthwatch) in decisions, alongside commissioners and providers across health and social care. In Kirklees it provides a forum for challenge, discussion and the involvement of local people's experience.

The Health and Wellbeing Board also provides formal oversight of the work of the Children and Young People's Partnership.

For more information on the Kirklees Health and Wellbeing Board see

<https://democracy.kirklees.gov.uk/mgCommitteeDetails.aspx?ID=159>

Safeguarding Adults Board

Overview functions: providing Challenge and assurance of practice in relation to safeguarding adults outcomes and the effective response of the system

The purpose of the Safeguarding Adults Board is to protect adults from abuse and neglect. Safeguarding relates to the need to protect certain people who may be in vulnerable circumstances. In these cases it is critical that local services work together to identify adults at risk, and put in place intervention to help prevent abuse or neglect, and to protect people.

The members of Kirklees Safeguarding Adults Board are signatories to a multi-agency partnership agreement and operate joint policies and procedures that reflect the 'No Secrets' guidance published in 2000. Common policies and procedures have been agreed across West Yorkshire.

The Care Act 2014 sets out the legal framework for adult safeguarding:

- the Council is responsible for establishing and running the Safeguarding Adults Board
- the Board must co-ordinate and ensure the effectiveness of what each of its members does
- the Board must publish a strategic plan each financial year setting out how it will protect people at risk of harm and what each member is to do to implement the strategy
- the Board must consult Healthwatch and involve the community in preparing the strategy
- the Board must publish an annual report on its achievements, members' activity and findings from any Safeguarding Reviews during that period.

The Director of Commissioning, Public Health and Adults Services is a member Safeguarding Adults Board and the Health and Wellbeing Board.

For more information on Kirklees Safeguarding Adults Board see

<http://www.kirklees.gov.uk/community/careInKirklees/safeguardingAdultsBoard.aspx>

Safeguarding Children Partnership

Overview functions: providing challenge and assurance of practice in relation to safeguarding children outcomes and the effective response of the system

The Safeguarding Children Partnership Board has been developed in response to Working Together 2018.

The Partnership in Kirklees is an inclusive one, building on past arrangements to have all agencies represented in some way. The core partnership of the Local Authority, West Yorkshire Police and the CCGs is supported by a broad network of agencies involved in subgroup work on key priorities and providing specialist advice where necessary. The multi-agency network in of organisations in Kirklees believes that every child, young person and adult , regardless of their age , culture , sexual orientation , gender identity , disability , ethnicity or religious belief , should be able to participate in a safe society without any fear , violence abuse , bullying , discrimination of exploitation. The Partnership provides the framework for ensuring that effective safeguarding services are provided across the Kirklees system. This includes:

- developing and implementing inter-agency policies and procedures
- promoting effective partnership working
- undertaking practice reviews and effectiveness audits to scrutinise and challenge work undertaken to safeguard children and promote their welfare
- provision of a range of training opportunities for all levels of staff and volunteers
- Raising awareness of safeguarding within the wider community.

The Director for Children and Young People is a member of the Safeguarding Children Board and the Health and Wellbeing Board.

For more information on Kirklees Safeguarding Children Board see www.kirkleessafeguardingchildren.co.uk

Communities Board

Overview functions: setting strategic vision, objectives and outcomes/influence and oversight of relevant commissioning plans

The Vision: *People in Kirklees live in cohesive communities, feel safe and are safe/protected from harm & People in Kirklees experience a high quality, clean, sustainable and green environment*

Section 5 of the Crime and Disorder Act 1998 and subsequent legislative amendments places a statutory duty on a number of responsible authorities to work in partnership to reduce crime and disorder. Known as Community Safety Partnerships (CSPs) the act defines CSPs as “An alliance of organisations which generate strategies and policies, implement actions and interventions concerning crime and disorder within their partnership area”. In Kirklees the CSP is known as the **Communities Board** and also brings together the partnership arrangements to develop cohesive communities.

Statutory obligations of the Communities Board

- Develop a **Partnership Plan** and deliver the outcomes of the Partnership Plan across the communities of Kirklees. This also includes monitoring progress
- Analyse a wide range of data, including crime levels and patterns, in order to identify priorities in an annual **strategic assessment**
- Produce a strategy to **reduce re-offending**
- Have overview and responsibility for **domestic homicide reviews**.
- Engage and consult with the local **community** about priorities and progress in achieving them
- set up protocols and systems for **sharing information**
- To have a crime and disorder **scrutiny committee** with the power to review and scrutinise decisions made and action taken by the CSP.
- To **assess value for money** of partnership activities.

Communities Board strategic commitments

The Communities Partnership Plan 2018 – 2021 identifies four priorities/ themes:

- Preventing and Reducing Crime
- Tackling Anti-Social Behaviour (ASB)
- Protecting people from serious harm
- Improving Place

For more information on Safer Kirklees see

<https://www.kirklees.gov.uk/you-kmc/partners/communitySafety/index.aspx>

Children and Young People's Partnership

Overview Functions: setting strategic vision, objectives & outcomes / influence and oversight of relevant commissioning plans.

The Children and Young People's Partnership was relaunched in March 2019. It aspires to bring together members' collective insight, expertise and resources to collaborate to achieve **the best start in life** for children and young people.

Membership of the new Partnership is open to all organisations from the public and third sector, including strategic managers, frontline workers, elected representatives, and both specialist and universal service providers. Members are accountable to each other and to children, young people and families in Kirklees. There is no formal committee structure, no formal decision making responsibilities. The people involved are there because they want to collaborate to achieve our ambitions for children.

The Partnership has agreed that it will:

- Focus energy and expertise on agreed priority areas of work;
- Share intelligence and insight into children and young people's experiences so that children's outcomes and services are improved and work is evidence-led;
- Use collective insight into children's voice and views to influence and shape its work
- Collaborate effectively to use partner organisations' resources to address to collective goals & priorities;
- Influence, inform and provide strategic leadership in the children's sector;
- Develop a Children and Young People Plan and agree key, shared priorities, based on evidence of need that members bring their collective energy and focus to;
- Provide analysis to inform service improvements, transformation and cultural change, including an annual review of key outcome data and updates from related partnerships
- Provide coherence for a range of thematic partnerships and plans that affect Children and Young People's outcomes.

The Partnership members have agreed that they will:

- Work restoratively – with not to or for
- Listen to and value children's voices
- Share power and responsibility across sectors and agencies
- Provide challenge and support to hold each other to account
- Celebrate and serve the diverse needs of people and places in Kirklees.

The three priorities in the draft Children and Young People Plan are:

- To work to alleviate the impact of poverty on children
- To support inclusion and better outcomes for LGBT+ young people
- To grow our youth offer – places to go, people to see, things to do.

The Health and Wellbeing Board provides formal oversight of the work of the Children and Young People's Partnership.



KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	30 January 2020
TITLE OF PAPER:	Kirklees Safeguarding Adults Board Annual Report 2018 - 2019
1. Purpose of paper	
1.1	To present the Kirklees Safeguarding Adults Board Annual Report 2018/19 to help shape the understanding and partnership response to key strategic issues, and to ensure that the board can help drive an issue across the partnership to establish and maintain delivery.
1.2	It is of strategic importance to all 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. Background	
2.1	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.
2.2	In 2015 the board appointed its first Independent Chair and, in accordance with Care Act guidance, the Independent Chair of the KSAB reports quarterly to the Council's Chief Executive on the work of the board.
2.3	The arrangements for lay membership on the Board had been strengthened and recruited a second lay member. The aim was to give greater emphasis to this role and its value in providing critical challenge to decision-making, provide a service user and carer perspective and play an active role in the work of the Board, including supporting our Independent Chair at number of high profile events. One lay member was also on the Board of Healthwatch and was able to provide useful links to that organisation. Tragically we lost a long-standing lay member through illness and attempts to recruit were unsuccessful. This has led us to reconsider the Board approach to engagement and there is now consideration to establish a more formal reference group including users by experience.
2.4	The Peer Challenge in 2018 was positive about the board fulfilling its leadership and strategic functions but did highlight the need to strengthen the key area of alignment of the strategic work of the board with its translation into front line practice. Therefore, to supplement the current twice-yearly themed network events and the board's newsletter, the board is now facilitating and supporting practitioner forums plus also offering opportunities for practitioners to attend and observe board meetings as part of their continued professional development.
2.5	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.
2.6	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 seeks assurance for their approach to safeguarding adults through the board meetings, delivery group, sub groups and challenge events.
2.7	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 (which is a rolling 3-year plan updated annually alongside the Board's annual report), which lays out the board's work programme for the next 12 months.

<p>3. Proposal</p> <p>3.1 The document is being presented to the Health and Wellbeing Board as it 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 people in their area, reduce health inequalities and promote the integration of services.</p> <p>3.2 As part of this role the Health and Wellbeing Board receives the KSAB Annual 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.</p>
<p>4. Financial Implications</p> <p>None</p>
<p>5. Sign off</p> <p>Richard Parry, Strategic Director for Adults and Health, Kirklees Council</p>
<p>6. Next Steps</p> <p>6.1 The report will be presented to the Health and Adult Social Care Scrutiny Panel on 24th March 2020. The Panel, which is made up of democratically elected members and members of the public who volunteer to sit with Councillors on the Panel, has the powers to:</p> <ul style="list-style-type: none"> • 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 <p>6.2 Panel members have a unique role to act across the whole health and social care economy. They are responsible for holding decision makers (i.e. the Health and Wellbeing Board, the Council, Clinical Commissioning Groups, NHS England and providers), to account.</p>
<p>7. Recommendations</p> <p>To receive the Kirklees Safeguarding Adults Board Annual Report 2018/19.</p>
<p>8. Contact Officer</p> <p>Mike Houghton-Evans, Independent Chair, Kirklees Safeguarding Adults Board.</p>



**Partners in
preventing
abuse and
neglect**

Annual report
2018 - 2019

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Introduction from the Chair

This annual report identifies progress made over the past 12 months against the intentions we have laid out in the strategic plan and to lay out our work programme for the next 12 months against our updated 3-year strategic plan.

As a Board we wanted an external view on the work of the Kirklees Safeguarding Adults Board (KSAB) and our ability to safeguard people in Kirklees.

We requested that the Yorkshire and Humber Association of Directors of Adult Social Services (ADASS) undertake an Adult Safeguarding Peer Challenge of the KSAB. The Peer challenge was thorough and we are pleased that the outcome was positive.

“Kirklees Safeguarding Adults Board can be justifiably proud of the strengths that have been identified with regard to the leadership of the Safeguarding Adults Board (SAB) working across organisations and developing and reviewing the Safeguarding Policies and Procedures, and the Performance Dashboard. The peer team recognise that the achievements for safeguarding adults has been the culmination of years of work and engagement activity coupled with the utilisation of individual people’s skills, expertise and knowledge, and demonstrates huge levels of commitment to all who are part of and delivering on behalf of the SAB This is a very strong foundation to build upon.”

It also highlighted areas for development, whilst these areas were largely already included in our forward plan, we have ensured the peer challenge findings are fully incorporated

Over the next year we will be focusing on the following areas:

- Engaging with the diverse Kirklees community, raising awareness and supporting prevention
- Continuing to embed Making Safeguarding Personal and seeking assurances that any safeguarding support puts the person at the centre.
- Continuing to strengthen links and work closely with other strategic partnerships on themed areas



- Strengthening the link between strategy and practice so there is an understanding at operational level about how strategic priorities impact on and are embedded into practice.

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

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

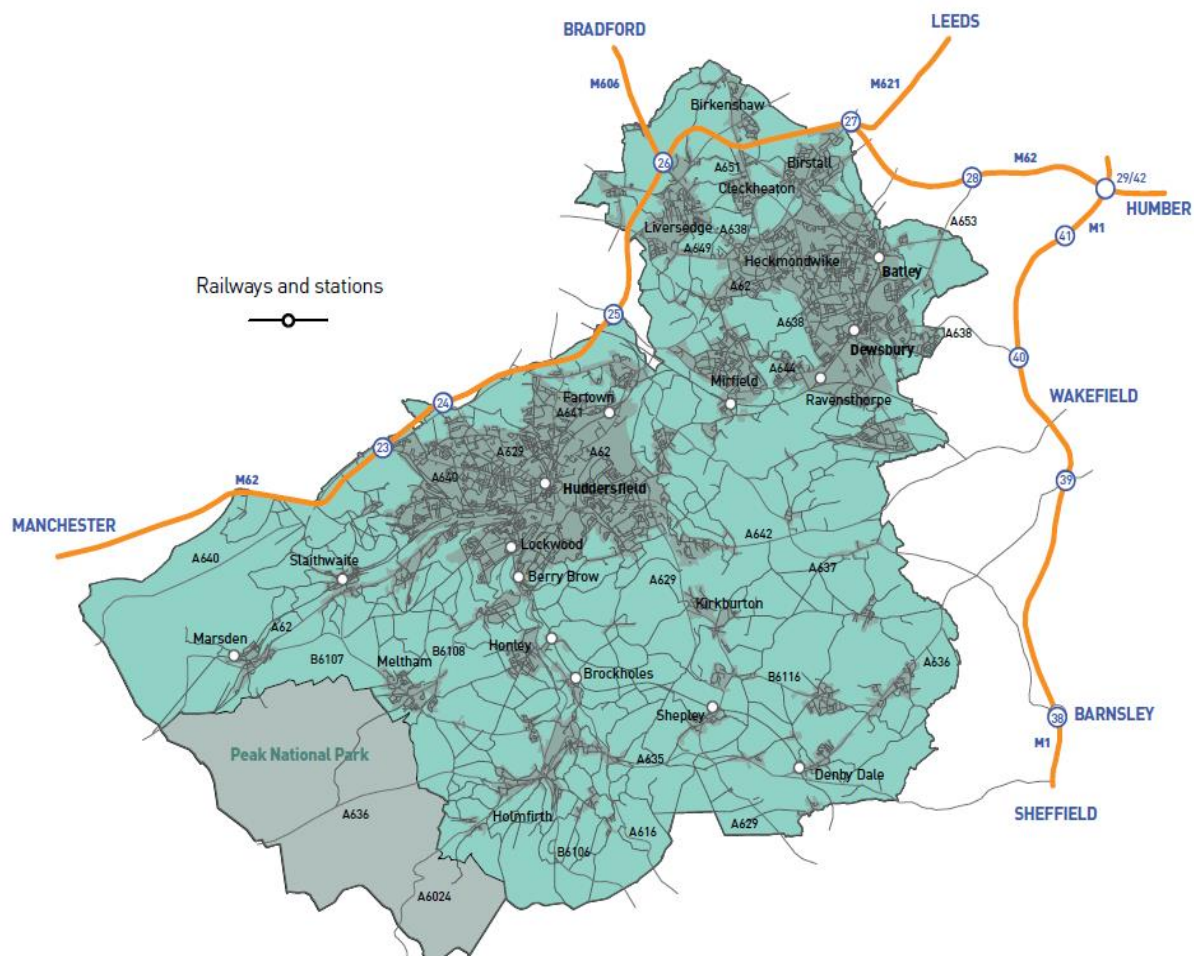
Talking about Kirklees

There are a number of significant factors affecting local health and wellbeing of people living in Kirklees. 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. 1 in 6 adults in Kirklees are also carers.

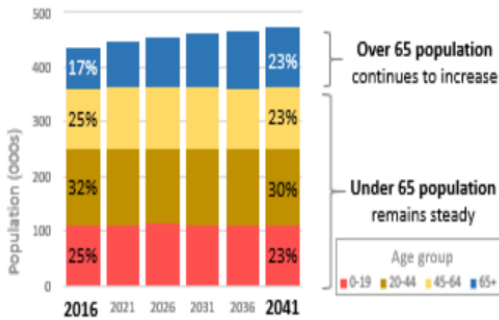
Kirklees Council and its partners have developed two important strategies to respond to these challenges (outlined on page 4) as well as the opportunities available as well, [The Joint Health and Wellbeing Strategy \(JHWS\)](#) and the [Kirklees Economic Strategy \(KES\)](#). These two strategies set their own priorities and actions. They cover different ground and do different things, yet are connected.

At the heart of both is the 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 Safeguarding Adults Board has its Strategic Plan, as required by the Care Act 2014, which takes into account this local background and context.



The number of older people in Kirklees is predicted to rise...



1 in 6 report they require help to stay in their own home. 1 in 13 of those who require help are not receiving it.

1 in 4 has had a fall in the last 12 months

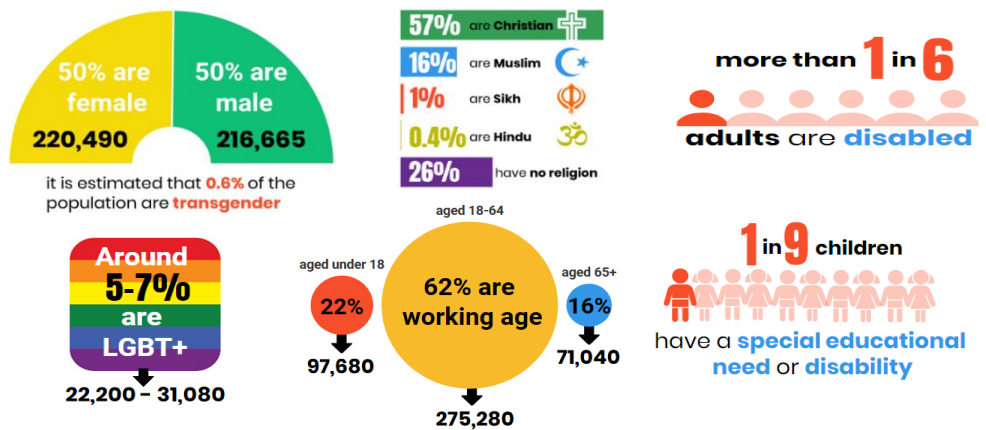
Almost 4 in 10 have 3 or more long term conditions

1 in 3 people have a mobility issue

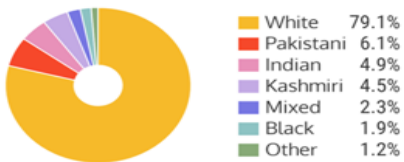
1 in 20 are lonely all or most of the time

Kirklees has a very **varied and diverse population**. Different demographic and socioeconomic groups in society can experience great **differences and inequalities in outcomes** (such as the positive outcomes for our residents identified in the **7 Kirklees outcomes**). This means that someone's chances of experiencing good outcomes may vary

There are approximately **440,000** people in Kirklees. Of these...



Kirklees ethnic groups



Diversity & inequalities example: ethnicity

21% from an ethnic minority background **93,240** People from ethnic minority backgrounds are more likely to experience worse outcomes than the overall population...

15% from a South Asian background **66,600**

significantly lower average household incomes

more likely to experience fuel poverty

worse health outcomes and greater risk of certain diseases

the prevalence of diabetes in people of South Asian ethnicity is twice that of people of White ethnicity

We're Kirklees

[We're Kirklees](#) is the way Kirklees Council describe the next phase of the journey to change the way it works internally and with people and partners, to make Kirklees an even better place to live, work, visit and invest.

The vision for Kirklees is to be a district which combines a strong, sustainable economy with a great quality of life - leading to thriving communities, growing businesses, high prosperity and low inequality where people enjoy better health throughout their lives.

The Kirklees Safeguarding Adults Board supports the vision and the shared outcomes, with a key contribution towards the outcome "People in Kirklees live in cohesive communities, feel safe and are protected from harm".

What does Safeguarding Adults mean?

Safeguarding adults means stopping or preventing abuse or neglect of adults with care and support needs. Adults with care and support needs are people aged 18 and over whose care needs are caused by a physical or mental impairment or illness.

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 NHS Clinical Commissioning Groups, who are statutory partners.

The job of the board is to make sure that there are arrangements in Kirklees that work well to help protect adults with care and support needs from abuse or neglect. It does this by:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Assuring itself that safeguarding practice is person-centred and outcome-focused
- Working collaboratively to prevent abuse and neglect where possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect has occurred
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

Governance and Accountability

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.

In accordance with Care Act guidance, the Independent Chair reports quarterly to the Local Authority Chief Executive. 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. 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 annual challenge event. The board calls partners to account for their approach to safeguarding adults through regular reporting and through the challenge event.

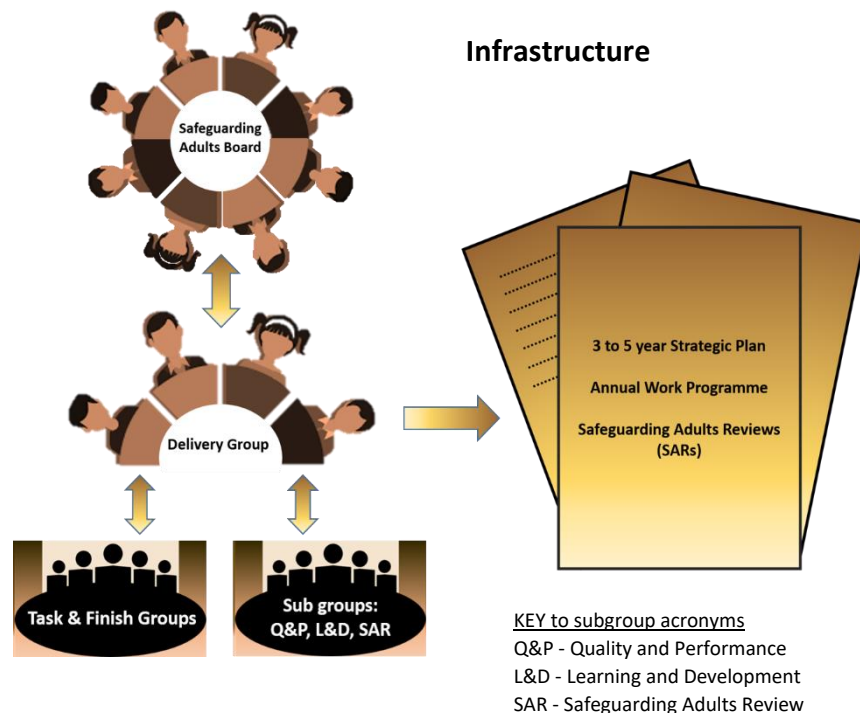
We continue to build on work we started when we appointed our first Independent Chair 4 years ago - the focus being to ensure that the board and its members are accountable, visible and outward facing. This is greatly assisted through the work of the Vice Chair, a position taken by one of the statutory partners.

The Vice Chair is appointed for a period of 3 years. This ensures consistent leadership across the partnership. In the absence of the Independent Chair, the Vice Chair chairs meetings of the KSAB, and provides impartial support and advice when required.

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 is a key part of the Board's infrastructure and was created to strengthen partnership ownership of our work. It co-ordinates the development and implementation of 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.

The Board consistently publishes its minutes. This provides transparency of its actions and achievements. This is one way to increase public awareness of the independent nature of the board, and shows how it seeks assurances from its members regarding safeguarding issues.



As an effective strategic partnership, partners jointly chair and constitute the membership of the Delivery Group and the Subgroups.

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 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 meetings for any reason they send, with the chair's permission, a nominated representative of sufficient seniority. During this year there were some changes to the personnel who attend the Board. These included West Yorkshire Police, Locala, West Yorkshire Fire and Rescue, NHS England and Calderdale and Huddersfield NHS Foundation Trust.

During 2018 - 19 the following agencies and organisations were members of the Kirklees Safeguarding Adults :

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

*The Board reviewed its lay membership. Our second lay member was unable to continue due to changes in circumstances. We are pleased instead to welcome Kirklees HealthWatch as a member of the Board with an aim of strengthening public voice on the Board as well as building on our priority around engagement and communication.

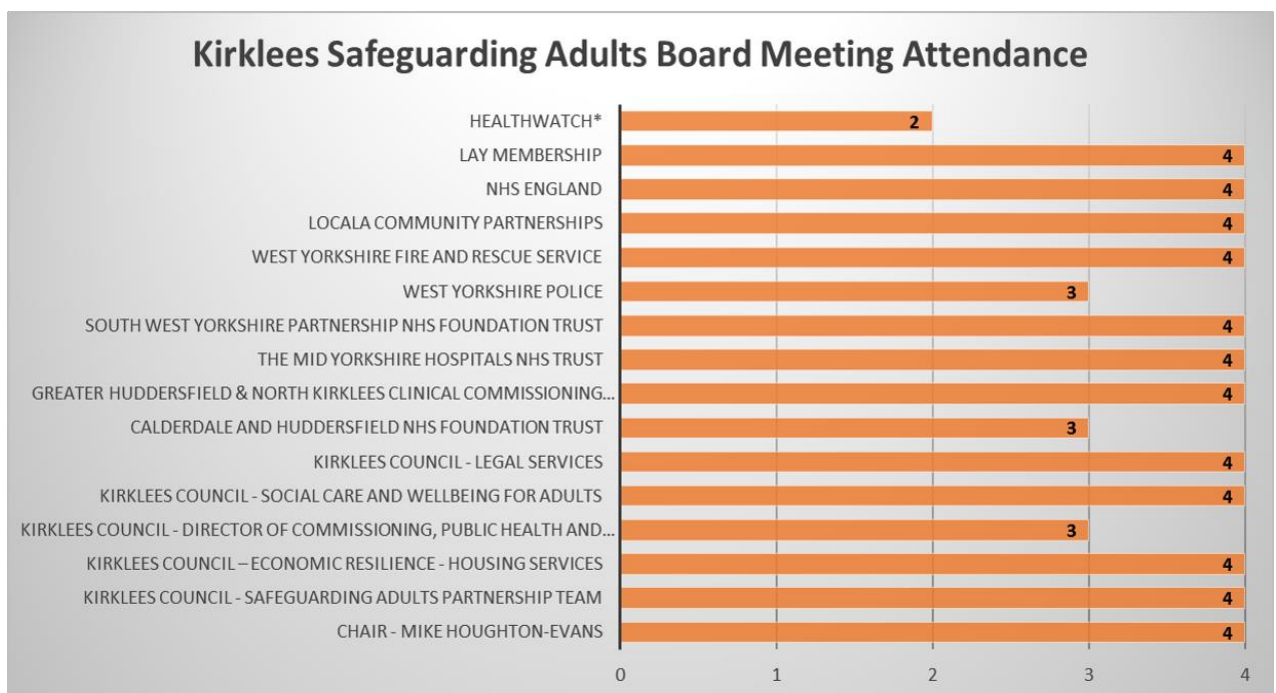
Our Lay Member says:



“As the lay member, I have contributed to and attended delivery group meetings, as well as workshops. I remain impressed at the commitment of partners to the work of the board. I always endeavour to bring the lay perspective to the discussion to ensure we keep the people we serve at the centre of all of our work. I use my personal experience, of caring for a relative with dementia and that of supporting a friend with adult sons with learning difficulties, to guide me. I am delighted that we now have the Healthwatch Chief Executive as a member of the board and feel this is crucial in strengthening the voice of the public and service users.

“The key highlight this year has been the Peer Challenge which has been important in influencing the work of the Board. In particular we were challenged to do more to strengthen the voice of the public and service users. I have been working with Healthwatch and board officers to develop our thinking about how this might be best achieved in Kirklees. An element of the Board’s work plan is to develop the Engagement and Communication Strategy. I will be contributing to this and I am excited to see where this work will go”.

The expectation is that all members attend all 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.



* Healthwatch joined in October 2018 meeting therefore wasn't present for April and July 2018 meetings

The following attend in an advisory capacity:

- Kirklees Council Legal Services
- Service Manager - Safeguarding Adults Board
- Deputy Manager - Safeguarding Adults Board
- Business Support Manager - Safeguarding Adults Board

Resourcing the Kirklees Safeguarding Adults Board

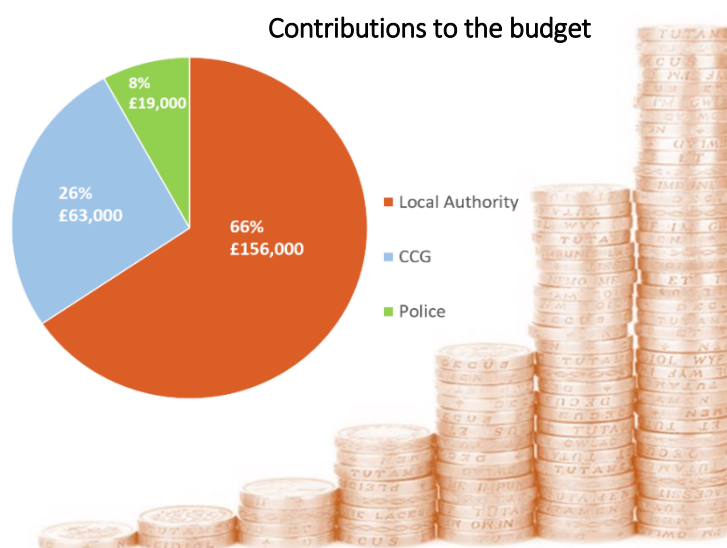
Statutory partners share the cost for the effective operation of the board.

It is the responsibility of the Local Authority to work with partners to ensure that there is an effective safeguarding board in place. The capacity to support the board ultimately rests with the Local Authority. However, as it is a statutory formal strategic partnership, resourcing it and its work is really a partnership responsibility. Resourcing the work of the board can be through financial contribution as well as in kind e.g. through providing human resource input or venues.

As a strategic partnership it is important that the infrastructure, sub-groups and task and finish groups are seen as a partnership responsibility both in sharing the chairing of these groups and ensuring appropriate participation.

Understanding of the resource requirements ensures the board can operate effectively and deliver the agreed work programme. This is the basis for agreeing contribution levels required with partners and is reviewed annually as the work programme is agreed.

In 2018-19 we had £238,688 to spend. This money represents the contributions from West Yorkshire Police, Kirklees Council and combined contributions from Greater Huddersfield and North Kirklees CCG Clinical Commissioning Group. This was enough money to pay for what we planned to do.



Subgroups of the Board

During 2018-19 Subgroups of the board were:

- Delivery Group
- Safeguarding Adults Review
- Learning and Development
- Quality and Performance
- Dignity in Care

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

The Safeguarding Adults Network and the Dignity in Care and Dementia Networks are also connected to the Learning and Development Subgroup. 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.

Task and finish groups work in partnership with other boards in Kirklees, including planning and delivering Safeguarding Week, and across West, North Yorkshire, and York concluding the work on updating our Regional Policy and Procedures.

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

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:

1. Empowerment

People being supported and encouraged to make their own decisions and give informed consent

2. Prevention

It is better to take action before harms occurs

3. Proportionality

The least intrusive response appropriate to the risk presented

4. Protection

Support and representation for those in greatest need

5. Partnership

Local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse

6. Accountability

Accountability and transparency in safeguarding practice

These principles underpin the delivery of our vision.

Our Key Priorities and Achievements

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 and effective collaboration including working productively across Kirklees in safeguarding adults**

Our Peer Challenge said: “This is a well led, strategically driven Board”.

We are committed towards the board and its members being visible and outward facing. We also ensure that we work effectively with other strategic partnerships.

Key achievements include:

- ✓ Arranging for a Peer Challenge
- ✓ Working with Healthwatch and developing our Communication and Engagement Strategy
- ✓ Continuing to work closely with other Strategic Partnerships on linked agendas, these include partnership groups on Modern Slavery, Prevent, Hate Crime, Female Genital Mutilation, and Protecting People from Harm, Domestic Abuse and Contextual Safeguarding
- ✓ Refreshing a drive to refresh inter board collaboration on the areas of linked agendas.
- ✓ Working to develop practice and protocol around self-neglect

And next?

- Continuing to strengthen links and work closely with other strategic partnerships on themed areas
- Developing the Communication and Engagement Strategy further to improve community involvement
- Continuing to carry out engagement activities to improve our understanding and evidence of community awareness of safeguarding
- Continuing collaborative work to ensure people who self-neglect are appropriately supported
- Encouraging links with frontline practitioners and the board so they can deliver stories and case examples

2. Gain assurance that adults are safeguarded through timely and proportionate responses to concerns of abuse or neglect, with support for individuals to have informed choices

Our Peer Challenge said: “The board recognises that Making Safeguarding Personal (MSP) is critical and central across every agency and in every activity. Operational staff understood and articulated the language of MSP”.

We continue to work toward safeguarding practice being focused on outcomes and experience, not process. That people who have experienced harm are empowered

Key achievements include:

- ✓ Implementing our Quality and Assurance Framework
- ✓ Implementing new Joint Multi – Agency Safeguarding Adults Policy and Procedures that strengthen the focus on personalised safeguarding
- ✓ Actively participating in national work around developing and implementing the Making Safeguarding Personal Outcomes Framework
- ✓ Obtaining independent assurance from the Peer Challenge that we are strengthening Making Safeguarding Personal
- ✓ Developing and analysing intelligence to gain assurances that adults are safeguarded through timely and proportionate responses
- ✓ Auditing Case files which show improvement in working towards the principles of Making Safeguarding Personal

And next?

- Continue to undertake audits and build intelligence/data that evidence that Making Safeguarding Personal principles are being applied along with proportionate and timely response
- Further develop ways of gaining the views of people who have experienced abuse to ensure that support follows the principles of Making Safeguarding Personal.
- Seek assurance that the recently revised procedures make a difference to people and result in them feeling safer
- Work with established networks to meet the challenge to engage with diverse communities

Our Independent Chair says:

“As an effective strategic partnership this is a fundamental role for the board. We must act at arm’s length and ensure that we challenge poor practice and do all we can to facilitate improvement”.

The KSAB has continued to seek assurances of safeguarding arrangement and monitor improvements plans. Our structure allows for the relevant Subgroups to ensure improvement plans are completed and are reportable to the Delivery Group. Completed improvement plans are then signed off by the KSAB.

3. Support the development of and retain oversight of Preventative Strategies that aim to reduce instances of abuse and neglect

Our Peer Challenge said: “Partnership working at ground level was considered effective, where individual agencies understood their role and responsibility in safeguarding the local population”.

This is an essential priority area and we continue to support work on prevention and early intervention as well as financial abuse and domestic abuse.

Key achievements include:

- ✓ Contributing to the Kirklees wider prevention and early intervention work through participating in the work of the newly formed Joint Integration Board– Health, Social care and Housing.
- ✓ Supporting the work of the Kirklees Safeguarding Children Partnership including child sexual exploitation, development of contextual safeguarding and Female Genital Mutilation protocols and strategies
- ✓ Highlighting domestic abuse for those over the age of 50
- ✓ Supporting the development of a short film about “Dignity in Care”.
- ✓ Sharing learning from Safeguarding Adult Reviews
- ✓ Refreshing guidance on Hoarding
- ✓ Working on development of engagement and communication.

And next?

- Continue to contribute to the Kirklees wider prevention and early intervention work through participation in this work
- Continue with networking events as a key way of engaging and getting key messages to professionals across the partnership
- Continue to engage with the community and implement the Communication and Engagement Strategy to raise awareness and support prevention
- Refresh the self-neglect protocol and include a practitioner toolkit
- Continue to strengthen collaborative inter-working
- Improve the Safeguarding Adults Review Framework

4. Promote multi-agency workforce development and consideration of specialist training that may be required

Our Peer Challenge said: “The Learning Networks are very well received, and the training on Making Safeguarding Personal has been well received and should be rolled out to all staff who require it”.

This year we said we continue with networking events as a keyway of engaging with professionals across the system and evaluate the impact of multi-agency training.

Key achievements include:

- ✓ Continuing to run well-attended multi-agency network events
- ✓ Continuing to deliver learning through our learning and development plan
- ✓ Implementing our Multi-Agency Learning and Improvement Framework and developing a tool to evaluate its effectiveness
- ✓ Delivering learning that promoted and embedded ‘Making Safeguarding Personal’ further
- ✓ Re-energising ‘See Me and Care Campaign’ and the ‘Dignity in Care’ work streams
- ✓ Continuing to share learning from our Safeguarding Adults Reviews as well as reviews carried out by other areas
- ✓ Delivering training on controlling, coercive or threatening behaviour in conjunction with the Domestic Abuse Partnership

And next?

- Continue to develop methods of sharing and embedding learning from Safeguarding Adults Reviews
- Continue to embed Making Safeguarding Personal
- Sign off and implement a tool to evaluate the effectiveness of the Multi-Agency Learning and Improvement Framework
- Develop innovative ways of delivering multi-agency learning
- Continue to hold Network events
- Continue to raise awareness through the ‘See Me and Care Campaign’ and the ‘Dignity in Care’ work streams

5. Gain assurance of effectiveness of partners' safeguarding arrangements and improvement plans

Our Peer Challenge said: "Case file audits are used regularly across teams and at the front door. Officers are quality assuring regularly and the paperwork associated with the case file audits is very thorough. Peer support across teams ensures objectivity and consistency of approach and helps to share learning".

Last year, we said we would commission a Peer Challenge to gain assurances of the effectiveness of our partners safeguarding arrangements and continue to analyse data in relation to concerns so we could increase our understanding of the prevalence of abuse and neglect. We would also carry out targeted audits following analysis of the data.

Integrated Performance Dashboard

The KSAB has a Performance Dashboard which is continually being improved to ensure the KSAB has ways of analysing and interrogating data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally that builds up a picture over time.

Key achievements include:

- ✓ Commissioning and completing a Peer Challenge which provided an independent assurance of the effectiveness of partners safeguarding arrangements.
- ✓ Improving ways of analysing and interrogating data that increases our understanding of prevalence of abuse and neglect locally that builds up a picture over time to improve reporting
- ✓ Carrying out targeted audits to provide further assurances and to suggest improvements
- ✓ Continuing to monitor improvement plans in relation to Safeguarding Adults Reviews or similar reviews
- ✓ Seeking direct assurance on:
 - people who are deprived of their liberty
 - domestic abuse strategy development
 - Prevent
 - The work of CQC in the locality
 - What mechanism partners had in place regarding allegation of abuse or neglect by People in a Position of Trust

And next?

- Continue to establish ways of analysing and interrogating data on safeguarding notifications that increase the Board's understanding of abuse and neglect locally over a period of time
- Continue to gain assurances of partners safeguarding arrangements and improvement plans
- Continue to use the analysis of data as the basis for recommending the commissioning of targeted audits

Work we have undertaken throughout 2018/19

This section highlights in more detail some of the work that has been completed over the year.

Leadership and Collaboration

Peer Challenge

The Board was seeking an external view of our work and its effectiveness in fulfilling its overarching purpose so in 2018 it commissioned a Peer Challenge. A Peer Challenge is a proven tool for improvement. It is a process usually commissioned by a council and involves a small team of peers to provide challenge and share learning. This Peer Challenge was unique as it was not solely exploring the performance of the Kirklees Council, but of partnership arrangements too.

The Peer Challenge team were commissioned

1. To evaluate performance against strategic priorities
2. To explore the effectiveness of alignment of strategy and delivery action (golden thread).
3. To consider and evaluate current Safeguarding Adult Reviews (SAR's) improvement plans.
4. To consider the potential for further refinement /development of the performance dash
5. To consider the effectiveness of integrated working and partnership collaboration
6. To consider whether intelligence from file audits and any case follow up show:
 - a. Evidence of risk assessment and mental capacity assessment
 - b. Timeliness
 - c. Making Safeguarding Personal (MSP)

Their activities included:

- interviews and discussions with councillors, officers, experts by experience and partners;
- focus groups with managers, partners, providers and frontline staff;
- reading documents provided by the KSAB, including a self-assessment of progress, strengths and areas for improvement;
- a comprehensive audit of individual service records.

The findings were published in the [Peer Challenge report](#).

The review team observed that adult safeguarding is well led, and Kirklees Safeguarding Adults is operating effectively with robust partnership engagement. The case file audit and interviews with front line workers evidenced good practice and recording, and that 'Making Safeguarding Personal' is embedded. The report recognises that there is a strong foundation to build on and we have used the findings of this Peer Challenge as a marker on its

continuous improvement journey. It is reassuring that many of the improvements suggested are already contained within the Board’s current Strategic Plan which can be now be further refined.

A key area to highlight is how the alignment of the strategic work of the Board translates into front line practice. The Peer Challenge Team was particularly asked to focus on this important area, and it was clear from interviews with practitioners that there is a need to build more connectivity between front line workers and the work of the Board. Therefore, to supplement the current twice-yearly themed network events and the newsletter, this year we will facilitate and support practitioner forums and offer some opportunities for practitioners to attend and observe meetings as part of their continued professional development.

Working with Healthwatch Kirklees and developing our Engagement Strategy:

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 provides feedback as part of commissioning and decision making for local Health and Social Care Services.

We have continued to receive active involvement from Healthwatch, who regularly supports our Independent Chair and lay member at our annual Challenge Events, when partners are asked to account for the work they have undertaken. This ensures an additional level of transparency and scrutiny.

Healthwatch says:



*Helen Hunter
CEO Healthwatch Kirklees*

“Healthwatch Kirklees joined the Safeguarding Adults Board in Kirklees in July 2018, so many of our achievements in this year have been about familiarising ourselves with the way that the works, and finding our space in the discussions that the board has.

We have been really pleased to see that the board has an appetite for understanding more about what the public think safeguarding is, whether the public thinks that it has the right priorities, and whether information about safeguarding is accessible to the people of Kirklees. When the Peer Challenge took place in December 2018, it was great to see that the review team saw the potential and the ambition for involving people, and could act as a catalyst for action.

Since that time, Healthwatch Kirklees has been working with the lay member and the Deputy Manager to examine different approaches to capturing and using that public voice. It’s very clear that there is no set way to engage people on safeguarding, and lots of local areas across the country have taken different approaches. We have been researching, sampling and testing out different means of gathering people’s views, and refining our view on what works for Kirklees with each step on the journey.

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Internally, we have revisited and adapted our safeguarding policy and procedure to fit with the Joint Yorkshire guidance, and have used that opportunity to refresh staff's understanding of safeguarding.

We have also completed a piece of engagement work looking in to people's experience of crisis mental health care, as we believe some of our most vulnerable people are struggling to get the right support which keeps them safe. We are now working with SWYPFT to look at how crisis mental health support can be better delivered.

Healthwatch Kirklees will continue to be involved in the development of an engagement approach for the KSAB, and will champion the importance of listening to the voice of people living in Kirklees. We are happy to support the delivery of engagement events, and with the development of resources.

We are also focusing on empowering people through our work, and are looking at how we provide information to the general public. Part of this will be information about safeguarding, and we will be looking to make sure people have the right information about safeguarding, but also that they feel able to speak up if they are facing or observing abuse.

We are looking forward to continued working with the board and are encouraged that it recognises the importance and value of involving the public and their voice in the work that we do."

Helen Hunter, Chief Executive Healthwatch Kirklees

'Stronger together – working for a safe and healthy Kirklees' – Working effectively with other strategic partnerships

There are five partnerships who work to promote safe and healthy communities across Kirklees. Whilst they each have their own specific roles, they also have shared values and, often, shared priorities and areas of work.

They 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 contribute to a shared ethos focussing on individual, family and community wellbeing.

The five Kirklees boards are the Safeguarding Children Partnership, the Safeguarding Adults Board, the Communities Board, the Health and Wellbeing Board and the Children and Young Peoples Partnership.

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

Safeguarding is complex and the challenges that it highlights often impact the work undertaken in more than one board. Managing these cross cutting issues together involves the cooperation of each board. Whilst each body has its own specific and distinctive role, the

boards and partnerships also have shared values and often shared priorities, alongside a shared view on delivering the best outcomes to meet local need

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 Adults and Children to safeguard people at the earliest stage. The Kirklees Safeguarding Children Partnership 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 and young people in Kirklees, particularly protection from harm.

Four years ago, the Communities Board 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.

In 2018-19 the Safeguarding Adults Board has continued to work collaboratively with all the other strategic partnerships on shared agendas.

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



*Mark Burns - Williamson
West Yorkshire Police and
Crime Commissioner*

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. Our Independent Chair has periodic meetings with the PCC to facilitate good communication between the Board and his office.

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.

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

We have also presented our [Peer Challenge report](#) to elected members

Safeguarding issues have continued to be an important part of development opportunities for Councillors. Core Safeguarding training on the role of Councillors is offered to all new Councillors and any Councillors wanting updates. 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.

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 in healthcare. 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.

Assurance that adults are safeguarded and supported to have choice

The Care Act says that adult safeguarding is about protecting individuals. But people are all different; so when we are worried about the safety of a person we should talk to them to find out their views and wishes. Then we should respond to their situation in a way that involves them the most we can, so that they have choice and control over what happens in their life, so they can achieve an improved quality of life, wellbeing and safety. Doing adult safeguarding this way is called Making Safeguarding Personal (MSP).

Making Safeguarding Personal means adult safeguarding:

- is person-led
- is outcome-focused
- engages the person and enhances involvement, choice and control
- improves quality of life, wellbeing and safety

Making Safeguarding Personal must not simply be seen in the context of formal safeguarding enquiries but in the whole spectrum of safeguarding activity, including prevention.

These statements, provide by the Department of Health, are a useful aid for us to reflect on our practice - wherever we work;

'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens'

'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'

'The least intrusive response appropriate to the risk presented'

'I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed'

'I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want'

'I know that staff treat and personal and sensitive information in confidence, only sharing what is helpful and necessary'

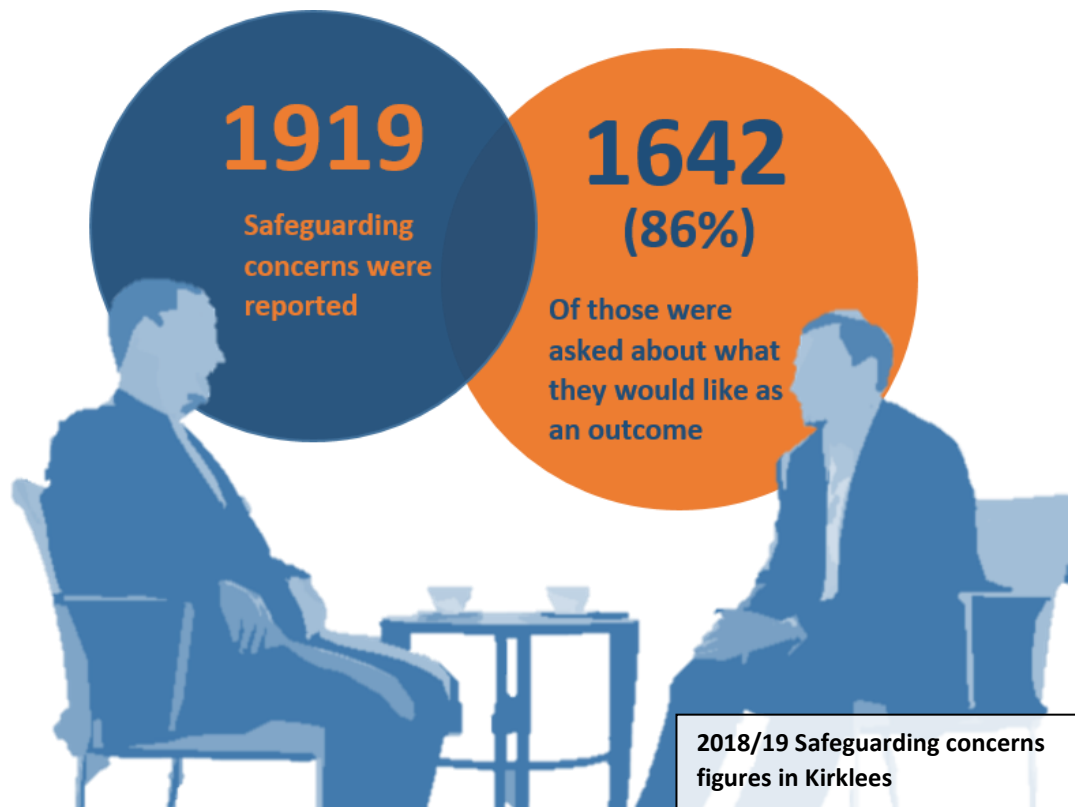
'I am confident that professionals will work together and with me to get the best result for me'

'I understand the role of everyone involved in my life and so do they'

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Making Safeguarding Personal

Making Safeguarding Personal (MSP) is the key driver in making sure that 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.



The Peer Challenge evidenced that the focus on Making Safeguarding Personal was well received by partners. Case file audits and interviews undertaken by the peer challenge team demonstrated "great partnership working to safeguard adults". The team also commented that the advocacy service in Kirklees operates at high quality level, putting the person at the centre of everything they do.

Keeping safe - - Complex Lives

Mrs B is 50 and lives in the community with her three sons. She is unable to see very well and is unable to read or write other than writing her own name, but is independent with all her own personal care and hygiene needs. She can prepare and cook her own meals and is able to manage and maintain daily household tasks with some support.

Safeguarding concerns were raised for both Mrs B and one of her sons. There were allegations of systematic emotional and financial abuse, Honour Based Violence, Modern Slavery and Forced Marriage. Mrs B's extended family members were named as the persons alleged to have caused harm to her.

Safeguarding enquiries were made under the guidance found in the [Joint Multi-Agency Safeguarding Adults Policy and Procedures](#). A joint working plan was adopted involving a range of professionals to support Mrs B to contribute to the safeguarding process and maintain her own safety, and to promote her wellbeing and independence. A plan was agreed to support her and her sons to leave the property and be taken to a place of safety. Adult and Children's services worked together including joint visits.

Mrs B stayed in a refuge out of the area with her sons. She settled well at the refuge and took part in support sessions. She was supported with her housing application for a long term property in the same area, which is underway. Equipment was provided on loan by Kirklees Local Authority to support her to live independently and safely.

She is now registered with a GP (her extended family had previously advised the GP she had left the country) and has also been introduced to a centre to help her engage in a range of activities and promote opportunities for inclusion.

Mrs B requires support with budgeting and managing her finances. She has been provided with an alternative bank account to prevent her being financially abuse and has support from an interpreter to support her with the ongoing investigation about the allegations.

Mrs B was supported to keep safe in the way she wanted: She wanted support for her and her sons to move to a place of safety. They have since returned to live in the area.

She would really like to have contact with some members of her extended family but understands the risks of contact with them and is saddened that this is not an achievable outcome at present.

Mrs B does not have any care and support needs which would deem her as eligible for Social Care services under the Care Act 2014. However, she is likely to benefit from support available from third sector or charitable organisations after she moves into longer term accommodation.

Preventative Strategies

Learning from our Safeguarding Adults Reviews

A Safeguarding Adults Review (SAR) is when agencies who worked with an adult who had suffered abuse or neglect, come together to find out if they could have done things differently and prevented harm or a death from happening. A SAR does not blame anyone; it tries to find out what can be changed so that harm is less likely to happen in the way it did to other people in the future.

The law says Kirklees Safeguarding Adults Boards must arrange a SAR when: There is reasonable cause for concern about how BSAB, its partners or others worked together to safeguard the adult, AND The adult died and the SAB suspects the death resulted from abuse or neglect OR The adult is alive and the SAB suspects the adult has experienced abuse or neglect

SARs are overseen by KSAB's Safeguarding Adult Review Subgroup, made up of representatives from partner organisations, and chaired by the Police partner of the KSAB. In 2018-19 KSAB received 1 referral to be considered for a SAR which came from one of the health partners. This was not considered to meet the criteria for SAR however it was decided that useful learning could be gained from undertaking a learning exercise has commenced

The KSAB has not published any new SARs in 2018 -19 but has continued to maintain an oversight of a recommendation on Improvement Plans to seek assurance that actions have been completed.

In addition, The SAR subgroup has strengthened learning by horizon scanning for SARs and learning from other areas and worked towards sharing the learning; an example of this was the use of emollients. Working with Fire Service colleagues, a briefing paper and newsletter article was disseminated across the partnership.

A member of the SAR Subgroup has also become champion on the National SAR library.

Continuing to support a partnership approach to Early Intervention and Prevention

We have continued 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. The Board undertook some specific work with Community Plus throughout Safeguarding Week to visit key groups to raise awareness of safeguarding.

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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 DoLS has been reported as part of the Annual Report.

There continues to be a significant pressure 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, continues to undertake specific actions to monitor activity and risk assess that pressure. 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 associated risks



Raising awareness in the community

'During the year we have looked at how key safeguarding messages can be delivered to Community groups and organisations.

Workshop were run in locality areas to raise awareness about the different types of abuse and show communities and Individuals how to report abuse.

21 safeguarding workshops were delivered across Kirklees, the sessions were delivered by visiting existing community groups and planned invite workshops- Through these sessions we reached over 210 individuals. Impact questionnaires were completed afterwards, and attendees said that by attending the session they had a better understand of what safeguarding is, felt more confident in raising awareness around abuse and felt they now know where to report safeguarding concerns to.

In addition, we continued our long-standing good working relationship with Trading Standards, who as part of safeguarding week provided an awareness raising session on frauds and scams to two groups of low level dementia groups.

From this Trading Standards plan to further develop information awareness sessions on frauds and scams for those with dementia

Multi-agency Workforce Learning and Development and Specialist Learning

The Learning and Development Subgroup aims to deliver and implement a strategic approach to workforce development and learning, 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 subgroup oversees the development of the Kirklees's Safeguarding Adults Board Learning and Development Plan and ensures all learning and development events 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 learning, for example Dignity in Care and Deprivation of Liberty and focuses on learning from our Safeguarding Adults Reviews.

It works in partnership with the Kirklees Safeguarding Children Partnership Learning and Development Workstream and Kirklees Community Safety Partnership on shared agenda/delivery where appropriate.

Key workforce learning and development achievements 2018 – 2019

Joint Multi-Agency Safeguarding Adults Policy & Procedures West Yorkshire, North Yorkshire and York.

In April 2018 the new Joint Multi-Agency Safeguarding Adults Policy & Procedures were launched. To support the implementation a series of Train the Trainer events and briefing sessions were delivered.

All adult safeguarding learning events were updated to reflect the changes with a particular focus on Making Safeguarding Personal (MSP) and ensuring Mental Capacity is integrated. The updated learning events aim to give professionals the skills and confidence to assess, report and support adults at risk of abuse. The learning events are available to all partners of the KSAB with a particular focus on the voluntary and smaller private sectors who may not have the resources to provide this essential learning. The Safeguarding Adult's Basic Awareness Workbook has also been updated to reflect these changes.

The Safeguarding Adults and Dignity in Care Networks

The Safeguarding Adults and Dignity in Care Networks are now well established with regular attendees and a wide range of representation from organisations across Kirklees. The events continue to attract over 100 attendees, who enjoy the opportunity of new learning and to reflect upon their own practice. The 2018 DIC Network focused upon 'Dignity in the Heart! Mind! and Actions' and the network was pleased to introduce Jan Burns (MBE) Chair National Dignity Council as key note speaker.

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The KSAB supported the production of a film highlighting Dignity in Care and telling Peters story, 'Dignity for Peter', which tells about the experience of receiving a dignified service at. Peter passed away shortly after making the film and it is now available to all KSAB partners and the voluntary sector and dedicated to his memory.

The Learning and Development Subgroup 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.

Domestic Abuse and older people

In 2018 the KSAB supported the production of a film 'An Old Lady Sings'.

'An Old Lady Sings' was first performed live in 2017 and is aimed at both a professional and public audience. It is a joint piece of work undertaken with the Domestic Abuse Partnership and is available to all partners of the KSAB and the voluntary sector. It is a monologue which focuses on an intimate relationship between an older couple from the viewpoint of the survivor.

Here is some feedback from practitioners who have attended out development activities:

'There were some grey areas previously but now I would be more certain of what is classed as a safeguarding issue' - (Safeguarding Adults at Risk - Basic Awareness)

'Roleplay helped with showing ways of collecting more information from a direct source' - (Safeguarding Adults Refresher Training – Learning Together to Safeguard Adults)

'I have learned to allow people to take control of their own outcomes' - (Safeguarding Adults Refresher Training – Learning Together to Safeguard Adults)

'I feel confident to support my team to develop' - (Safeguarding Adults at Risk – Role of the Safeguarding Coordinator)

'Case studies and the trainer's experiences helped me understand the process better' - (Safeguarding Adults at Risk – Undertaking Enquiries)

Effectiveness of Partners Safeguarding Arrangements

Quality Assurance Framework

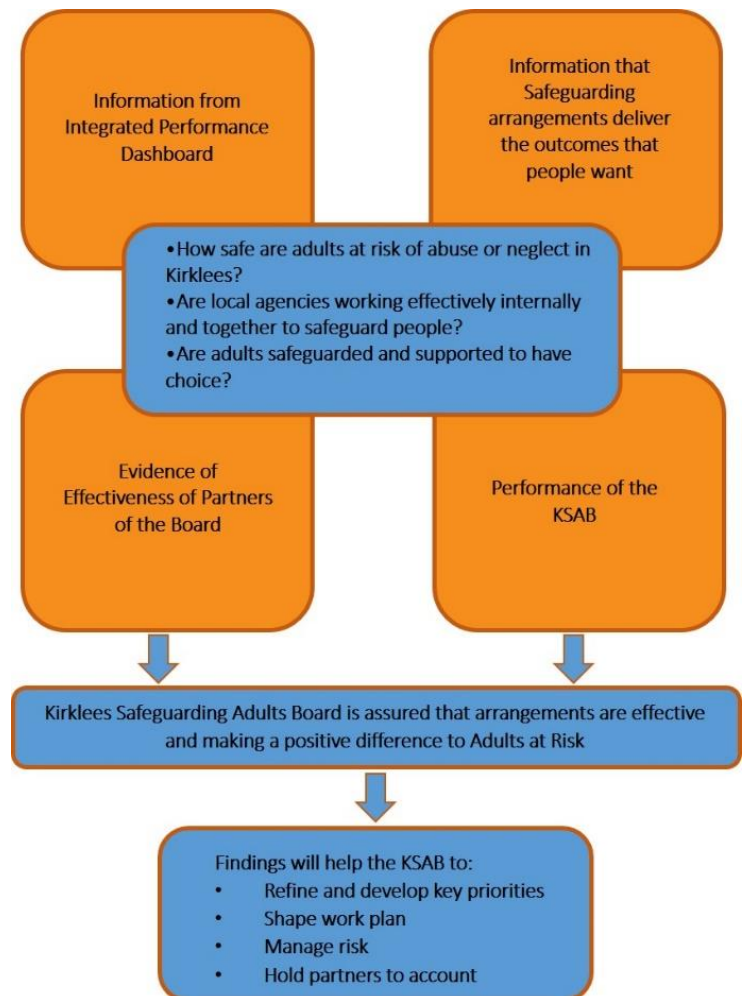
The Quality Assurance Framework is designed to enable the board to check that safeguarding arrangements are effective and are delivering the outcomes that people want. The framework is the mechanism by which the Board gains assurance of the effectiveness of the safeguarding work of statutory and other partner agencies, and that it is meeting its key priorities.

The Quality Assurance Framework ensures that there are methodologies in place to ensure performance. 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.

This year the Peer Challenge was a key event in evidencing the effectiveness of the board partners. In addition, great emphasis is placed on the Performance Dashboard, (mentioned on page 17), which continues to be developed into a full partnership document. We also held our annual 'Challenge Event 'asking partners how they are able to demonstrate that they have adopted the principles of Making Safeguarding Personal into its systems, and How they organisation embed and share learning e.g. from Safeguarding Adults Reviews'.

The Peer Challenge findings and the key messages for the partnership from our own challenge were very similar, and have been fed into our updated Strategic Plan.



Agency achievements

Kirklees Council Adult Social Care (ASC)
Our understanding of quality and performance across the safeguarding system continues to be strengthened through ASC monitoring, oversight and review arrangements
Continued improvements in performance including the timeliness of the safeguarding response, in line with national expectations and highlights an increasingly timely safeguarding system
The volume of safeguarding concerns has also been reviewed through the lens of quality – with a range of audits conducted throughout the year to provide assurance of the effectiveness of the pathway
The Council recently undertook an internal audit exercise on the effectiveness of handling safeguarding concerns in adult social care – this received the highest audit assurance rating of ‘substantial assurance’. Whilst there is room for continual improvement, this external review further evidences the effectiveness of the Council’s approach to responding to safeguarding concerns and enquiries
The principles of empowerment continue to be embedded through Making Safeguarding Personal (MSP) approaches, with almost 90% of adults at risk being asked about their wishes and outcomes
The challenges with Deprivation of Liberty Safeguards (DoLS) are well documented and whilst DoLS volumes presents continued risk to the Council, Kirklees have taken a range of approaches throughout the year to control and manage the increasing risk in this area. This includes more recently the decision to use transitional funding to increase capacity to undertake assessments
The Council has also this year launched a programme of work corporately to promote safeguarding as ‘everybody’s business’ – this includes the launch of a council wide safeguarding policy led through a Corporate Safeguarding Oversight Group which has organisational wide representation
Domestic Abuse is one of the more complex issues affecting citizens in Kirklees and this year, through inter- partnership working, the Domestic Abuse Strategic Partnership have engaged a wide range of agencies through the development of a new vision and strategy for tackling domestic abuse in Kirklees
A strengthened interface with the CQC is leading to increased partnership working and a shared understanding of roles and responsibilities in the context of a preventative approach in the care market by identifying and acting on risks that have the potential to become a safeguarding concern
The introduction of Safeguarding Consultants has helped us to improve consistency in the Adult Social Care Safeguarding Operating Model in All Age Disability services. This was achieved by listening to concerns from provider managers, working alongside senior colleagues to identify resources and supporting the recruitment process
Continuing work to champion and embed safeguarding expertise in the locality hubs including the development of weekly safeguarding surgeries led by Senior Safeguarding Consultants
The re-designed Adult Safeguarding Operational Team (ASOT) is identifying areas of strength as well as opportunities for learning in real time as safeguarding work is received and coordinated. This is having a marked impact on quality as well as enabling meaningful feedback in real time which in turn promotes a live learning and improvement culture

North Kirklees and Greater Huddersfield Clinical Commissioning Groups (CCGs)

Continued to attend the Safeguarding Board, engaging in its work, including continuing to chair and participate in the Delivery Group, be deputy Chair of the SAR subgroup and attend and engage in the work of the other KSAB subgroups including the Quality & Performance Group and the Training & Development Group

Engaged in the KSAB Peer Challenge in Dec 2018, including meeting and discussing with the Peer Challenge team and providing required information

Continued to lead the Care Home and Early Support meeting that aims to take a proactive preventative approach to addressing concerns that may arise in Care Homes across Kirklees, so that safe standards of care are prioritised

Updated the CCG joint Adults and Children Safeguarding Policy to ensure it meets with the current legislative and local policy requirements including the GDPR changes. The CCG policy identifies Safeguarding responsibilities for CCG staff and identifies safeguarding standards and requirements of our commissioned health providers

Continued to provide monitoring and scrutiny of safeguarding arrangements and improvement plans with our commissioned health providers. This has included providing scrutiny of actions plans from main commissioned health providers for Safeguarding Adults reviews and Domestic Homicide reviews

Monitored and sought assurance from main commissioned health providers for delivery of their responsibilities for Prevent, part of the Governments anti-terrorism strategy

Updated the GP Safeguarding template policies that GP Practices can use in the development of their own internal practice policies

Continued to deliver work to support DoLS applications to the Court of Protection for people living in supported living arrangements and whose care is fully funded by the Continuing Healthcare

Continued to facilitate bi-annual meetings for Safeguarding Leads in GP Practices; utilised to pass on key information from KSAB, learning from significant cases including SAR's and DHR's. Added a training session at the end of each meeting on different subjects delivering bite-size, bespoke safeguarding training packages developed by the CCG safeguarding team, for the GP safeguarding lead to then cascade into practices

Supported a Pilot project of Routine Enquiry for Domestic Abuse within a GP Practice in Kirklees. The programme that sees two partner GP Practices asking all women attending the practice if they are experiencing domestic abuse and then steers individuals who require it to access further support, has now been established and the plan is to extend the pilot to include other Practices in to the pilot in the coming year

Taken the responsibility to lead the KSAB Dignity in care network

Along with guest speakers the CCG safeguarding team delivered level 3 Safeguarding Training events to GHCCG and NKCCG GP Practice clinical staff in the last year

West Yorkshire Police (WYP)

Adult safeguarding team within WYP has benefitted from the introduction of new experienced supervisors. Partnerships have been forged with Victim support to ensure all victims of sexual offences are referred for bespoke support

Adult safeguarding have a Detective Inspector (DI) as district lead on Modern Slavery / Human Trafficking. Strategic and Operational groups meet quarterly; led to a number of victim led partnership operations, an increase in referrals to the National Referral Mechanism. Bespoke training for 1st responders district wide & partners supported by our Neighbourhood Policing Teams and Safer Kirklees

The team have specially trained officers who are able to take the lead when information or intelligence is submitted regards Honour Based Violence (HBV) / Forced Marriage (FM)

The Kirklees district has seen an increase in referrals to Victim Support for ISVA which is due to raising awareness. The team have investigated a significant number of reports involving vulnerable adults and with the support of partners we have been able to maintain victim engagement and secure convictions

3 officers working alongside partners to reduce the number of vulnerable persons going missing. We recently introduced a Hospital Absconder Policy. This has seen a reduction of calls for police response enabling officers to focus on high risk / vulnerable missing people. Regular meetings with care homes & Adult Social Care continue to reduce chance of those at risk of going missing

Bespoke training and guidance provided around crime recording standards and culture and training has been delivered across all safeguarding departments. Regular Dip sampling is being undertaken by the DIs. WY police were recently graded Outstanding by HMICFRS with regards to Crime Recording

We facilitated a multi-agency training event to discuss the multi-agency response to emerging risk issues such as CCE, HT and FGM amongst others. This event covered engagement and blockages by underrepresented groups and focussed on education that should encourage reporting

Training of new staff into the Safeguarding arena continues with a number of staff attending specialist courses and becoming accredited Detectives. 3 month secondments to the Domestic Abuse Team has been well received. We are now seeing the benefit with officers returning to their patrol teams better informed and in a position to influence others, better support victims and with an increased knowledge of investigation. We have delivered awareness training on stalking and harassment

A DI was appointed to lead our Domestic Abuse Team (DAT) working alongside a Pennine Domestic Violence support worker enhancing support available to victims. The IDVA (Independent Domestic Violence Advocate) car is fully embedded in Kirklees. We deploy a specialist safeguarding officer in the IDVA car rather than a uniformed officer, ensuring the victim receives appropriate support whilst ensuring a specialist investigator can secure and preserve evidence

Kirklees District have recently formed working relations with a specialist third sector agency to provide specific support to men who suffer abuse. The agency provided training to our safeguarding departments to better inform/educate. We now have an effective support pathway for male victims

We have developed a good awareness across the safeguarding departments and within the MASH and DRAM functions

We have delivered a mental health training programme. Usage of the Mental Health App continues to improve as officers recognise its value, however further work is required to ensure this becomes routine. We continue to take a problem solving approach to reduce repeat mental health incidents

Calderdale & Huddersfield NHS Foundation Trust

CHFT have been awarded the West Yorkshire Domestic Abuse Quality Mark for consistent and high quality service provision to those affected by Domestic Abuse

CHFT have delivered training for MCA/DoLS training and level 3 Adults and achieved a high compliance rate

Maternity services worked with matron lead for learning disabilities and student learning disability and student midwives nurses to provide training and develop communication toolkit to support pregnant women with learning disabilities. This is being presented at the national conference for midwives

CHFT reviewed the Adult Safeguarding Policy in line with the new West, North Yorkshire and York Multi-Agency Safeguarding Adults Policy and our training packages to reflect the new procedures

We have implemented a Mental Health Operational Group and new processes internally for sectioning of patients

CHFT has successfully supported wards to complete their own DoLS applications

CHFT have exceeded the NHSE training target of 85% and achieved the Trust target in Prevent training of over 90%

CHFT launched the Royal Mencap 'Treat me well' campaign and the local campaign group developed, undertook and evaluated patient survey of 85 people with learning disabilities locally

We have continued to share key messages Trust Wide through our monthly virtual newsletter

Kirklees Council Housing Services

Appointment of a training subgroup representative - Housing Services/ KNH are now represented at the and the three KSAB subgroups

Promotion of a consistent approach to safeguarding between Housing Services and KNH (our ALMO - Arm's Length Management Organisation). This includes regular discussions on safeguarding matters to turn strategy into reality and build safeguarding into the psyche of the partnership

Initial data analysis of housing safeguarding concerns undertaken. Identified gaps and anomalies in data collection - this work will continue into 2019/20 and will feed into the Quality and Performance subgroup discussions

Safeguarding Champions from Housing Services and KNH continue to meet regularly at their 'network' events, sharing knowledge and information to support them in this additional signposting/guidance role

A mental health and safeguarding event was organised in March 2019 for safeguarding champions

A new Safeguarding Champions commitment was designed and introduced, detailing the Champion role and the support on offer from Housing Services/ KNH e.g. additional 1:1 discussions, reflection on casework

KNH introduced a three hour, level one adult safeguarding basics course into the induction programme for all new frontline housing staff. It started in January 19 runs on a quarterly basis

KNH introduced a one hour corporate introduction to safeguarding that includes basic commitments to safeguarding adults and entry level information on the different forms of adult abuse and neglect

Service wide induction pack has been designed for Housing Services – included in this is a consistent, formal approach to training and discussions on safeguarding topics

Housing Services representative became a regional champion for the new SCIE library, which collates data from Safeguarding Adults Reviews (SARs) to allow additional shared learning at a national level

Joint scoping work with partners around 'people living chaotic lifestyles', how to look at supporting individuals and identifying gaps. This work included an information gathering workshop and is ongoing into 2019/20

Continued part of multi-agency work at an operational level to support individuals e.g. disrepair to homes / adaptations and the home from home scheme

South West Yorkshire Partnership NHS Foundation Trust

SWYPFT have been commenced the delivery of the Domestic Abuse Training accredited by the West Yorkshire Quality Mark, this has been positively received and will be rolled out Trust wide

The Safeguarding Team have developed and disseminated a sexual safety leaflet for service users on mental health inpatient wards

In March 2019 SWYPFT hosted a Safeguarding Conference which focussed on Contextual Safeguarding, Child Sexual Exploitation, Domestic Abuse, Looked after Children and the Truth Project

Since the merging of the Safeguarding Team the governance of the team and advice duty systems have more robust governance and there is evidence of increased access of safeguarding advice from Practitioners by 33%

The Safeguarding team have all accessed the Children's Society 'Seen and Heard' training and this is to be delivered throughout the Trust to support the safeguarding weeks, in West and South Yorkshire

The Safeguarding Team ensure that there is a safeguarding footprint at all the Business Delivery Units meetings across the Trust through attendance by identified members of the safeguarding team. The Safeguarding newsletter is disseminated through the safeguarding forum, to safeguarding link practitioners and key messages via the weekly communications.

The Safeguarding Team have produced Situation Background Action Recommendations (SBAR) briefing documents following Serious Incident Investigation, Safeguarding Adult Review and Learning lessons review. These documents have been added to the learning library. Other briefing documents to support practitioners have been: human trafficking and parenting as a survivor of abuse.

Mid Yorkshire Hospitals NHS Trust

During 2018/19 the safeguarding adult team membership has increased and professional dynamics have changed; the team now consists of a Head of Safeguarding, a Named Nurse for Safeguarding Adults, a Safeguarding Adults Specialist Advisor, a Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS) Specialist Advisor, Lead Nurse for Learning Disabilities (LD) and Autism and a Safeguarding Assistant. The team is supported by a Named Doctor for Safeguarding Adults, who is a Consultant Geriatrician in the Trust. This allows for a rounded discussion and approach to adult safeguarding

At the end of March 2019 all level 1 training topics are at or just above Trust target at 95%. Level 2 Safeguarding Adults training compliance was 86%. MCA training compliance level 2 and 3 at the end of March 2019 was 84% and 76% respectively

The wider safeguarding team delivers mandatory WRAP 3 training and compliance at the end of March 2019 was 85%

Fully assessed and approved DoLS applications in the Trust as of March 2019 is 13 Urgent and 28 Standard applications the safeguarding adults team scrutinise all applications for accuracy and completeness

The safeguarding adult's team "shout out moments" for 2018-19 include the positive feedback received from MYHT staff for their support in managing complex safeguarding adults' referrals from referral to outcome and application of Making Safeguarding Personal agenda

Safeguarding remains a key priority for Mid-Yorkshire Hospitals NHS Trust (MYHT). Central to this is empowerment of the 7000+ staff ensuring knowledge, understanding, application and documentation of the safeguarding principles. In response to the Safeguarding Adults Intercollegiate Document 2018 the Trust has reviewed its mandated training offer to include Level 3 safeguarding adults which incorporate MCA level 3, Mental Health Awareness and increased vulnerabilities; this is a full day learning experience which will be evaluated at 6 months

The Lead Nurse for LDs portfolio has increased to include autism; the Trust has agreed to progress autism accreditation with the National Autistic Society (NAS), provide reasonable adjusted surgical pathways and flagging; next steps are to write an integrated LD and or autism policy

Locala Community Partnerships

Locala was accredited with the Domestic Abuse Quality Mark in recognition of the mandatory domestic abuse training packages delivered to colleagues at all levels across the organisation to ensure a consistent and appropriate response to disclosures of domestic abuse

The Domestic Abuse Policy underwent a full rewrite to support frontline colleagues in the management and response to domestic abuse

Introduced a quarterly Adult Safeguarding Operational Meeting and a Sexual Health Safeguarding Operational meeting to provide a conduit for discussion and dissemination of adult safeguarding information and escalation of safeguarding adult concerns within Locala

Delivered an in house training session on self-neglect and hoarding to increase awareness amongst colleagues

Delivered a bespoke Mental Capacity Act training session for pharmacists to support their clinical practice

Revised the Terms of Reference for the Safeguarding Committee and Quality Committee meeting to ensure increased assurance around internal safeguarding arrangements

Continued to develop adult safeguarding learning resources on the intranet page to support frontline practice including Female Genital Mutilation, modern slavery and human trafficking

Maintained above minimum compliance rates over 90% for mandatory adult safeguarding training

Completed an audit which provided evidence of Making Safeguarding Personal principles being applied when adult safeguarding concerns have arisen

Safeguarding team led a campaign to raise awareness of grooming and exploitation during safeguarding week

Locala safeguarding team moved to a fully integrated team so all members of the team are now available to support colleagues with adult safeguarding concerns

West Yorkshire Fire & Rescue Service

West Yorkshire Fire and Rescue Service's (WYFRS) Safe and Well Visit programme was fully implemented during 2018/19 continuing to deliver fire prevention safety advice but extending our focus to include the identification of additional risk factors and vulnerabilities that may have an adverse impact on an individual's health and well-being

Training modules for the additional areas of risk identified by us and our partners were completed during this period, which were:

- Falls and Mobility
- Smoking cessation
- Cold homes
- Crime prevention
- Social isolation

We were delighted to have Community Plus come on as our lead partner in relation to social isolation providing input on the training modules and also bolstering a local package for highlighting those affected by social isolation in our community and introducing them to support packages

WYFRS facilitated hoarding awareness sessions and supported a number of self-neglect events in support of the Kirklees Multi-Agency Hoarding Framework to over 350 x professionals and partners across the District

WYFRS chaired and hosted the Kirklees Multi-Agency Hoarding Panel meetings throughout the year coordinating partnership actions in support of safeguarding some of Kirklees' most vulnerable residents

In response to learning from a number of fire-related incidents involving customers of Kirklees Adult Social Care's Carephone service, a bespoke training programme has been developed and will be delivered to all Carephone staff in support of improved joint working arrangements and intelligence sharing. This will be further enhanced with an update for WYFRS personnel of care packages available and additional checks they can make on Safe and Well visits on behalf of the Carephone service

In the coming year WYFRS' Kirklees District are prioritising a number of campaigns to keep members of the community safe

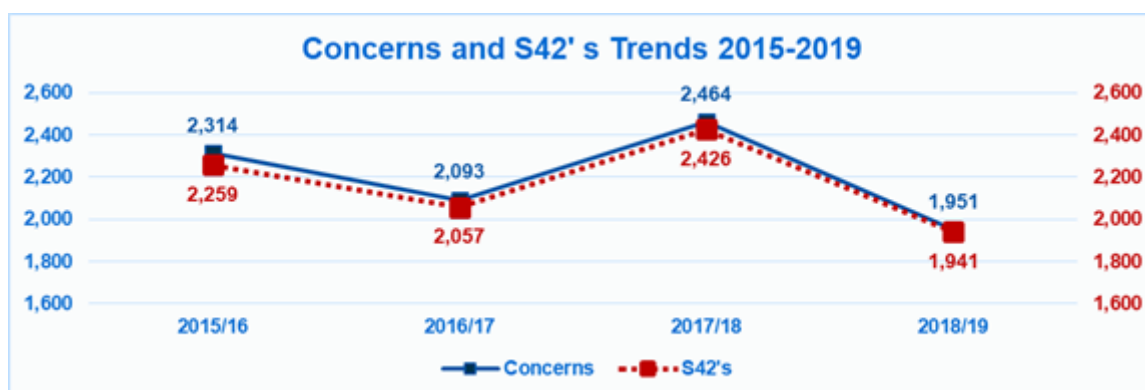
In response to incidents across West Yorkshire, which had a significant impact in Kirklees, WYFRS will be launching 'Be Moor Aware' a Moorland Fire Campaign in partnership with Kirklees Council, The National Trust, United Utilities, Yorkshire Water and West Yorkshire Police. Partners are sharing a campaign toolkit developed by WYFRS to spread safety and prevention messages across the District

We hope to facilitate a partnership event in part to contribute to an evaluation of our Safe and Well strategy to date and to strengthen joint working arrangements across the District moving forward

In partnership with Kirklees Council and Age UK Calderdale & Kirklees, we will be looking at local initiatives targeting vulnerable older people living on their own to promote safety in the home during the winter months

Appendix 1* – Safeguarding and Deprivation of Liberty information

Safeguarding concerns 2018/2019



A concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council.

An enquiry is where a concerns has met the care act criteria called section 42 enquiries:

- The adult has needs for care AND support (whether or not the authority is meeting any of those needs)
- The adult is experiencing, or is at risk of, abuse or neglect
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, right through to a much more formal multi-agency plan or course of action. In the majority of cases the enquiries have been dealt with through minimum intervention.

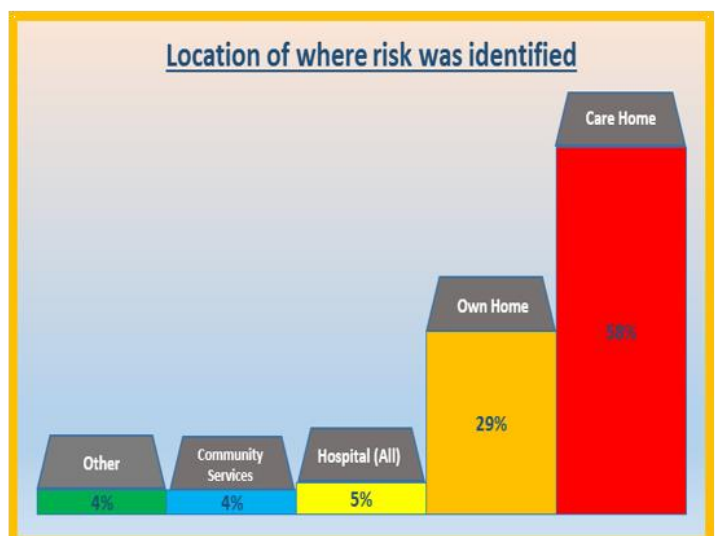
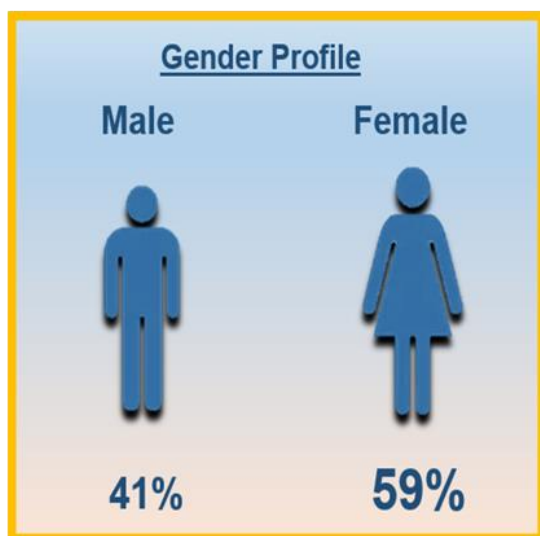
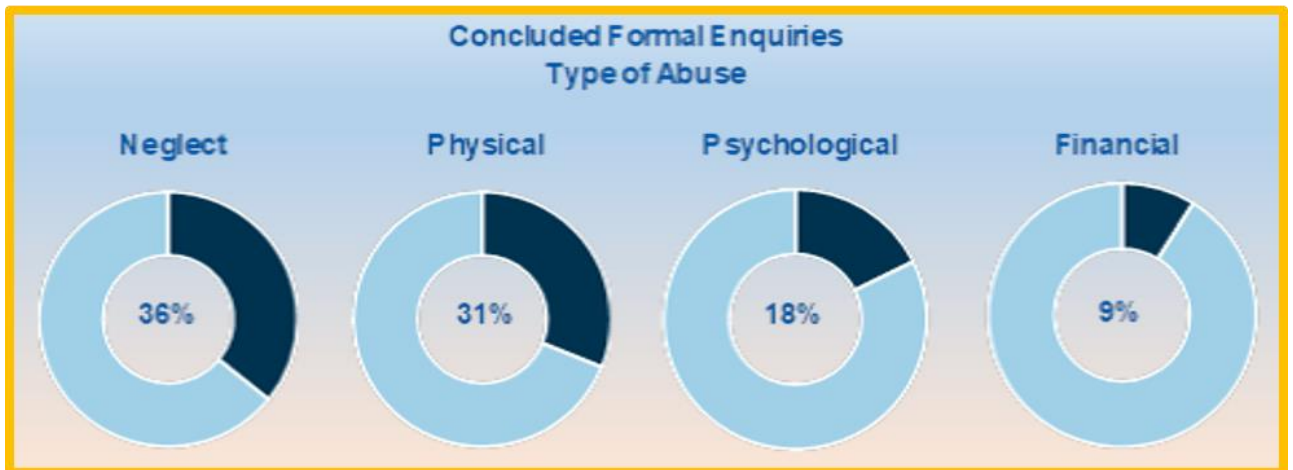
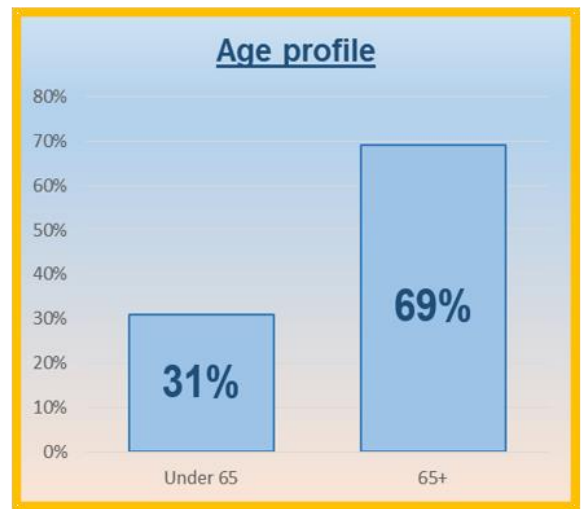
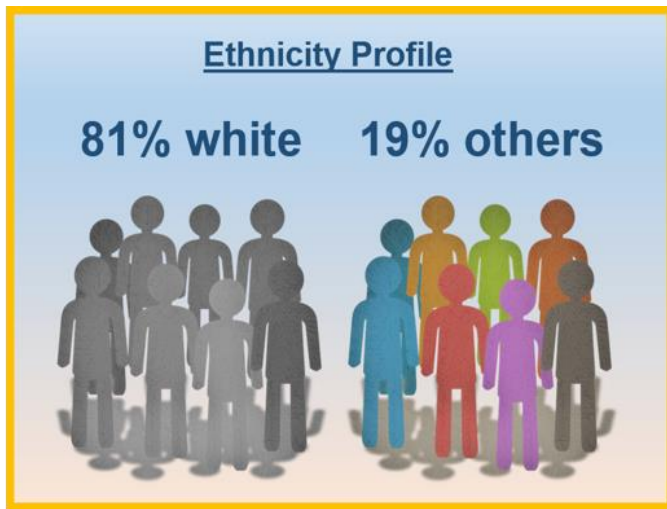
The KSAB have been working towards refining their data on enquiries. Previously the data only showed the enquiries that involved a formal multiagency plan. However now we have captured all cases where concerns met the Care Act criteria. This does not mean that that cases of abuse have risen significantly in the Kirklees areas.

Both regionally and nationally there is ongoing work in regards to interpretation of the Care Act and what a section 42 enquiry is, as this is open to interpretation and the KSAB is involved in this work.

While continuing to make sure people are safe, we are continued 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.

Some caution must be exercised in comparing data over time, due to changes in the definition and requirements of national returns.

Information in relation to Section 42 enquiries



Risk Outcomes

Risk Removed 12%

This refers to cases where, a further 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 84%

This refers to cases where, a further 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 4%

This refers to cases where, a further 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 0%

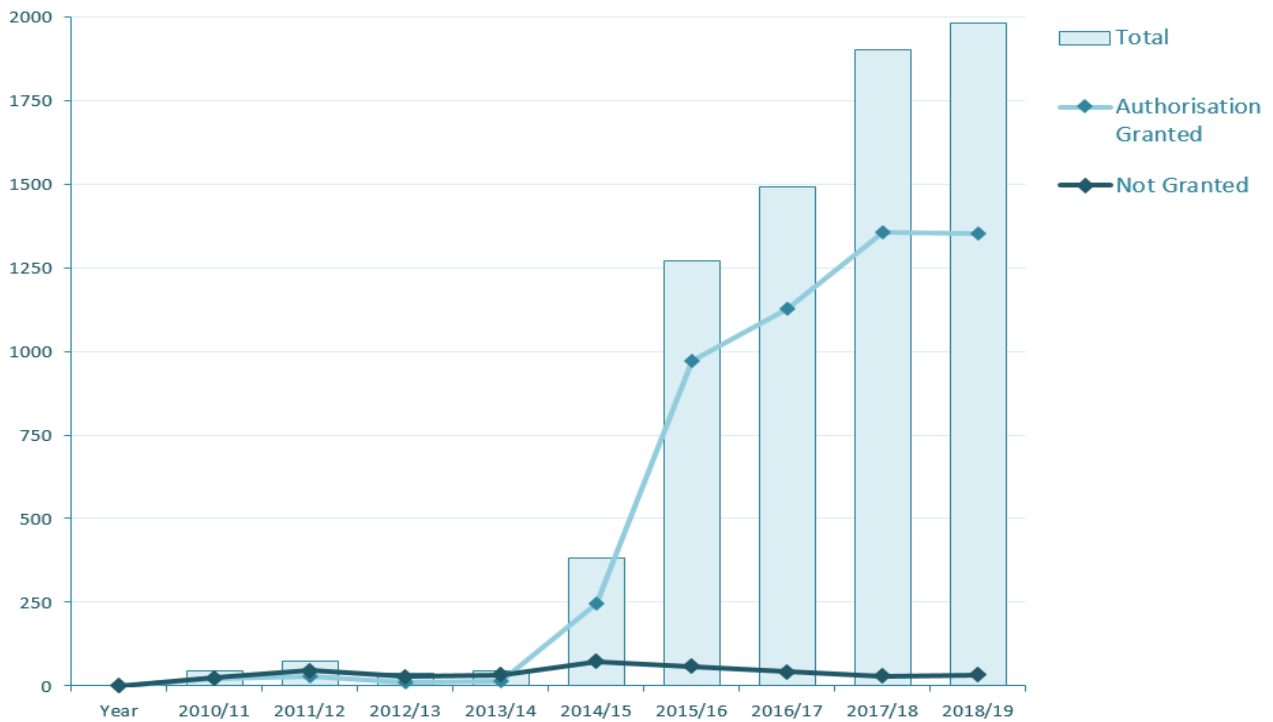
This will usually refer to those cases where the formal conclusion recorded was unfounded, there insufficient evidence or the enquiry ceased at individuals request.

Deprivation of Liberty 2010/2019

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
2017/18	1355	30	516	1901
2018/19	1351	33	596	1980

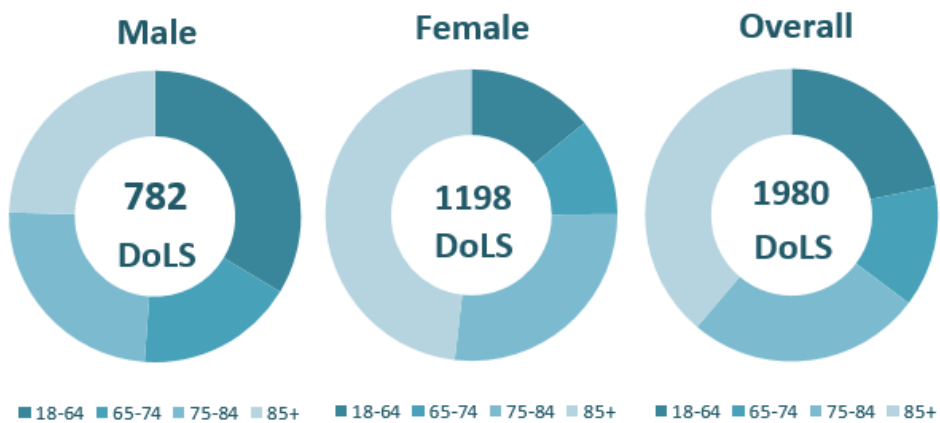
NB: 'Other' refers to requests that were either withdrawn due to change of circumstance or where request that were awaiting sign off at the end of the reporting period. (This information has only been recorded since 2014). The total number of request received was 1928. The figure on the table is for allocated applications.

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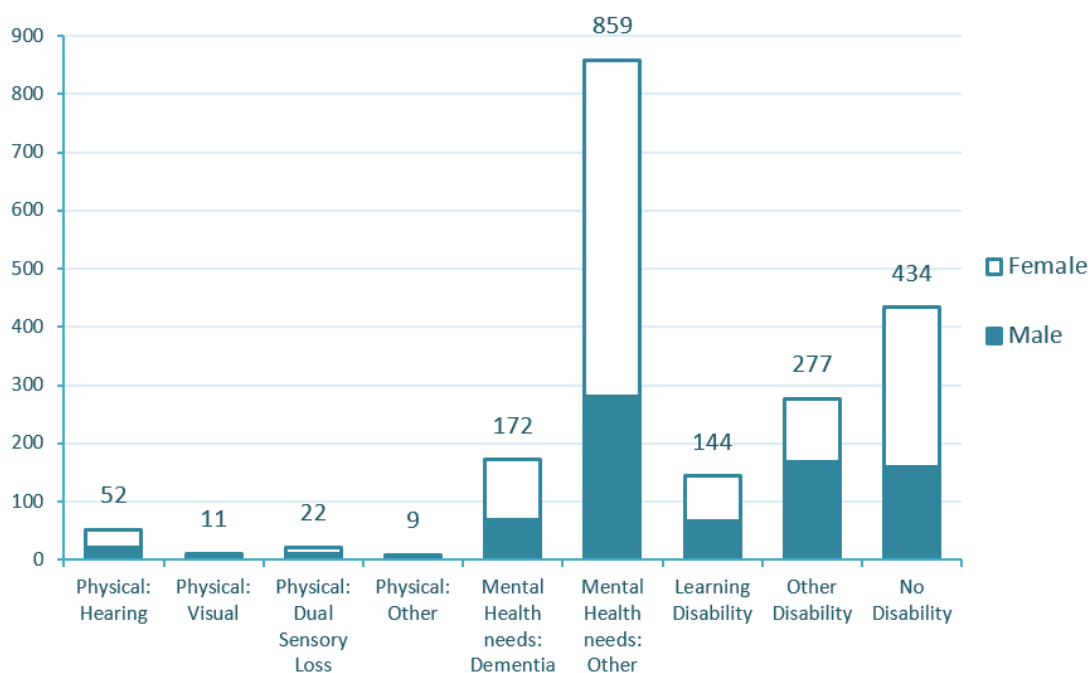
Requests for Deprivation of Liberty authorisations received by the Local Authority have continued to increase over the year.

All Local authorities have significant challenges in meeting the demand. The following trends follow the same patterns nationally.



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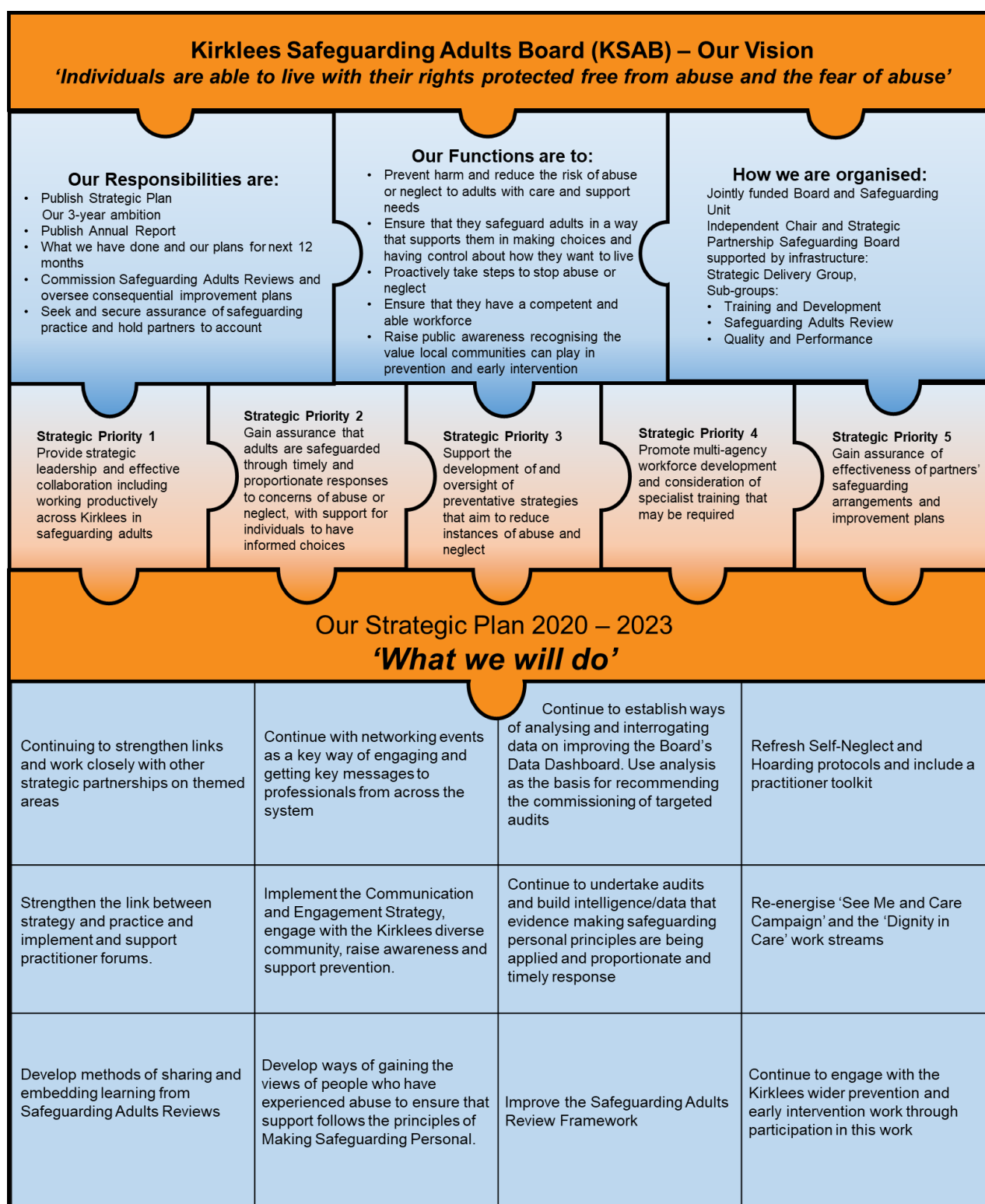
	Male	Female	All
18-64	263	169	432
65-74	137	129	266
75-84	190	323	513
85+	192	577	769
	782	1198	1980
	39.5%	60.5%	



	Male	Female	All
Physical: Hearing	20	32	52
Physical: Visual	6	5	11
Physical: Dual Sensory Loss	10	12	22
Physical: Other	2	7	9
Mental Health needs: Dementia	68	104	172
Mental Health needs: Other	280	579	859
Learning Disability	67	77	144
Other Disability	169	108	277
No Disability	160	274	434
	782	1198	1980

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Appendix 2 - Strategic Plan Overview 2020-23



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Appendix 3 - KIRKLEES SAFEGUARDING ADULTS Board members June 2019

Name	Job Title	Service/Organisation
Mike Houghton-Evans	Independent Chair	Kirklees Safeguarding Adults
Penny Woodhead	Chief Quality & Nursing Officer Vice Chair	Greater Huddersfield Clinical Commissioning Group
Helen Geldart	Head of Service	Kirklees Council Housing Services
Lindsay Rudge	Deputy Chief Nurse, Corporate Nursing	Calderdale and Huddersfield NHS Foundation Trust
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
Amanda Evans	Service Director for Adult Social Care Operations	Kirklees Council
Penny Renwick	Lay Member	Member of the public
Marianne Huison	Superintendent – Crime & Protecting Vulnerable People	West Yorkshire Police
Richard Parry	Strategic Director for Adults and Health	Kirklees Council
Tanya Simmons	District Prevention Manager - Kirklees	West Yorkshire Fire & Rescue Service
Julie Clennell	Director of Nursing, Allied Health Professionals and Quality	Locala
Chloe Haigh	Senior Nurse NHS England Yorkshire & Humber	NHS England North (Yorkshire and Humber)
Asif (Ash) Manzoor	Service Manager - Safeguarding Adults and Partnerships	Kirklees Council/ Kirklees Safeguarding Adults
Razia Riaz	Senior Legal Officer	Kirklees Council Legal Services



Kirklees Council Adult Social Care – Reporting a Concern

Gateway to care

First point of contact for reporting safeguarding adults concerns and for advice and support:

Tel: 01484 414933

[For further information on how to report a safeguarding concern](#)

Kirklees Safeguarding Adults Board

(not for reporting safeguarding concerns)

Kirklees Safeguarding Adults Board

Ground floor, Civic Centre 1, High Street, Huddersfield, HD1 2NF

Tel: 01484 221717

Email: ksab@kirklees.gov.uk

Please do not report safeguarding concerns to this email address or telephone number

[Kirklees Safeguarding Adults Board website](#)

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 335073

kd.adultsafeguarding@westyorkshire.pnn.police.uk

This is an e-mail address which is not constantly monitored.

Any issues requiring Police action should be reported on 101 and in an emergency ring 999.

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