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

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Wednesday 28 October 2020

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** meeting will take place remotely at **2.00 pm** on **Thursday 5 November 2020**.

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

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

A handwritten signature in black ink, appearing to read 'Julie Muscroft', 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 Adult Social Care Scrutiny Panel members are:-

Member

Councillor Habiban Zaman (Chair)

Councillor Aafaq Butt

Councillor Alison Munro

Councillor Vivien Lees-Hamilton

Councillor Lesley Warner

David Rigby (Co-Optee)

Peter Bradshaw (Co-Optee)

Lynne Keady (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Panel held on 24 September 2020.

2: Interests

9 - 10

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

3: 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.

4: Deputations/Petitions

The Committee 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.

5: Public Question Time

Due to current covid-19 restrictions, Members of the Public may submit written questions to the Panel.

Questions should be emailed to richard.dunne@kirklees.gov.uk no later than 10.00 am on 4 November 2020. In accordance with Council Procedure Rule 51(10) each person may submit a maximum of 4 written questions.

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

6: Winter Pressures

11 - 24

Representatives from organisations across the Kirklees Health and Adult Social Care system will be in attendance to outline the work that is being done to prepare for the winter period 2020/21.

Contact: Richard Dunne, Principal Governance Officer Tel: 01484 221000

7: Covid-19 Update

25 - 30

The Panel will receive an update on the local position and response to the Covid-19 pandemic.

Contact: Emily Parry-Harries Consultant in Public Health / Head of Public Health Kirklees – Tel: 01484 221000

8: Kirklees Safeguarding Adults Board 2019/20 Annual Report

31 - 78

The Panel will consider the 2019/20 Kirklees Safeguarding Adults Board Annual Report.

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

9: Work Programme 2020/21

79 - 84

The Panel will review its work programme for 2020/21 and consider its forward agenda plan.

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

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Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Thursday 24th September 2020

Present: Councillor Habiban Zaman (Chair)
Councillor Vivien Lees-Hamilton
Councillor Aafaq Butt

Co-optees David Rigby
Peter Bradshaw
Lynne Keady

In attendance: Gary Boothby, Calderdale and Huddersfield NHS
Foundation Trust
Ian Currell, Greater Huddersfield CCG and North Kirklees
CCG
John Haigh, Kirklees Council
Richard Mellor, Locala
Julie Oldroyd, Greater Huddersfield CCG and North
Kirklees CCG
Emily Parry-Harries, Public Health Kirklees
Richard Parry, Kirklees Council

Apologies: Councillor Alison Munro
Councillor Lesley Warner

1 Minutes of previous meeting

The minutes of the meeting held on the 23 July 2020 were approved as a correct record.

2 Interests

Dave Rigby declared an interest in item 7 (Financial Position of the Kirklees Health and Adult Social Care Economy) on the grounds that he was an ordinary member of South West Yorkshire Partnership NHS Foundation Trust.

3 Admission of the public

All items were taken in public session.

4 Deputations/Petitions

No deputations or petitions were received.

5 Public Question Time

No questions were asked.

6 Kirklees Care Homes Programme

The Panel welcomed Richard Parry Kirklees Council Strategic Director for Adults and Health and Julie Oldroyd from Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCGs) to the meeting.

Mr Parry informed the Panel of the background to the long history of joint working between the Council and the two Kirklees CCGs in relation to care homes.

Mr Parry stated that the joint working had been an important foundation for the work that had been carried out in the last 6 months in supporting care homes during the pandemic.

Mr Parry outlined details of some key initiatives that had been introduced that included the enhanced health in care homes framework that was being mobilised.

Mr Parry highlighted the activity that had taken place and explained that the Kirklees Care Home Programme Board had been introduced to help support coordination of the activity.

Mr Parry stated that there had been a lot of focus on making sure that practical support was being provided in terms of infection, prevention and control in care homes in response to the pandemic.

Mr Parry explained that work was being done to continue to engage with care providers and their staff on the continued focus on infection, prevention and control.

Mr Parry outlined details of other key areas of focus that included maximising patient and staff access to the flu vaccine. Mr Parry highlighted the financial initiatives that had been introduced to support the sector that had suffered increased costs and loss of income due to PPE and care home voids.

Mr Parry informed the Panel of the work that was taking place with an independent organisation to describe what the future care home market may look like in terms of demand so that providers could start to plan long term.

Ms Oldroyd informed the Panel that during the pandemic GP's had been asked to provide additional support for care homes and to check on a regular basis if residents required clinical assessment.

Ms Oldroyd stated that support to care homes also included the provision of PPE and clinical equipment such as pulse oximeters to help with remote consultations.

Ms Oldroyd outlined details of the Capacity Tracker that provided information to support the discharge planning processes; identified bed vacancies in the homes; and was used to report the numbers of infections and levels of PPE.

Ms Oldroyd explained the work that was being done to deliver the Enhanced Health in Care Homes (ENCH) Direct Enhanced Service (DES) that would come into effect in October 2020 and would build on the work that had taken place during the pandemic.

Health and Adult Social Care Scrutiny Panel - 24 September 2020

Ms Oldroyd stated that every care home had been aligned to one GP practice which would provide significant improvements to communications and relationships between the GPs and care homes.

Ms Oldroyd highlighted a number of achievements during the pandemic that included all care homes being provided with a nhs.net address so they could share data.

Ms Oldroyd outlined details of the Kirklees Integrated Care Home Quality Strategy that included a process for reporting concerns. The Panel also heard about the work that was being done on supporting and developing the workforce in care homes.

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

- Details of the ENCH Task and Finish Group.
- A request that future reports include a summary section that highlighted the key issues and a brief overview of the actions taken to address them.
- A question on whether there were any current or anticipated problems with the availability of PPE.
- A question on whether there were any issues in care homes having access to COVID-19 tests.
- Confirmation that the Council held significant stocks of PPE that were available if needed to care homes.
- Confirmation that care homes providers were expressing a lack of confidence in the COVID-19 testing arrangements.
- An overview of the work that was being done on providing care homes with support and training on infection, prevention and control.
- The challenges facing care homes in controlling and isolating residents that had contracted the virus.
- An overview of the process that was followed by Public Health following notification of a resident being identified as COVID-19 positive.
- Details of the Primary Care Networks (PCNs) approach to establishing a clinical lead and their role.
- Confirmation that the clinical support to care homes was currently being delivered remotely.
- Details of the remuneration package provided to GPs by the DES.
- An overview of the role of Locala and details of the Care Homes Support Service Commissioned by Greater Huddersfield CCG and delivered by Locala.
- Details of how the work being done through the Care Homes Support Service had helped to reduce hospital admissions.
- Details of the membership of the Kirklees Care Home Programme Board.
- A question on whether care homes that declined the infection, prevention and control (IPC) training were required to show evidence that their procedures for IPC were robust.
- An overview of the wide range of care home operators across Kirklees that included some large national and regional providers that had the infrastructure to provide the required training and support.
- A question on whether consideration had been given to conducting virtual Environmental Care Home IPC Audits.

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- The work that was taking place to reflect individual experiences in personalised care plans.
- The work that was taking place with Healthwatch to obtain feedback on care homes and the experiences of residents.
- An overview of the work that was taking place on recruitment and retention in the care home workforce.
- Details of the work that was taking place to reduce care homes dependency on agency staff and to provide continuity on where agency staff were deployed.
- An overview of the work undertaken by the quality team.
- The financial challenges facing many care homes and the process for escalating concerns of a care homes viability.
- Details of the long-term vision strategy of supporting more people to remain in their own homes for longer.
- Details of the work that had been commissioned by the Council that would assess what the future care home market would look like.
- An overview of voids in care homes.

RESOLVED –

1. That the report be noted.
2. That at a future meeting a further report be submitted to the Panel to follow up on progress to include: a summary section outlining the key issues and actions taken to address them; and more details of the training and support that will be provided to care homes on end of life care plans.
3. To receive the outcomes of the work that is being done on analysing the care home market.

7 **Financial Position of the Kirklees Health and Adult Social Care Economy**

The Panel welcomed representatives from key organisations of the Kirklees health and adult social care sector.

Mr Currell presented an overview of the overall financial position of the local health and adult social care system that included the 2019/20 planned and actual surplus/deficit and the planned year end position and revenue budget for 2020/21.

Mr Currell outlined details of the level of savings required and achieved for each organisation in 2019/20 and explained how the financial regime had changed in response to COVID-19.

Mr Currell presented details of the financial positions of North Kirklees CCG and Greater Huddersfield CCG that included the context and background to their respective positions.

Mr Boothby presented details of the financial positions of Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospital Trust that included details of their positions for the last financial year.

Mr Mellor presented details of the financial position of Locala that included the position last year; the plans for 2020/21; and the implications for the organisation as a result of the pandemic.

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Mr Haigh presented details of the financial position of Kirklees Council Adult Social Care that included: last financial years position; details of the efficiency savings; the support provided to care homes; and the impact of COVID -19.

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

- A question on whether the additional costs incurred as a result of COVID -19 had been offset by the reduced levels of activity in NHS services.
- Confirmation that the sheer costs of delivering services during the pandemic had far outweighed any benefits from a reduction in other areas of acute trusts activities.
- An overview of the challenges facing the acute trusts in dealing with the backlog of cancelled operations and consultations while still having to deal with the impact of the pandemic.
- Details of the work that was taking place to return to pre-pandemic levels of activity for outpatients that included a continued focus on using technology to deliver, where appropriate, virtual consultations.
- Details of the target to increase planned surgery at Calderdale and Huddersfield NHS Foundation Trust (CHFT) to around 80 or 90% of last year's activity.
- An overview of the arrangements that were in place with the independent sector to help ensure there was sufficient capacity available to provide the care needed for patients.
- A question on the value for money strategy when confronted with having to purchase items very quickly such as PPE.
- Confirmation that all costs incurred because of the virus were being audited.
- An explanation from CHFT on the approach it took to securing PPE and the challenges of having to deal with inflated prices.
- An explanation of the pre-Covid plans for dealing with the North Kirklees CCG cumulative deficit and post Covid the potential for government to write off some of the deficits built up by CCGs.
- A question on whether adult social care anticipated any problems next year in funding direct payments for self-directed support.
- Confirmation that there were ongoing challenges in managing future adult social care budgets.
- An overview of the changing dynamics in the costs of the various services associated with adult social care.
- An explanation of the various financial acronyms referenced in the reports.
- An explanation of the tariff system used to pay hospital trusts and the additional funding streams used to top up providers income.
- Details of the funding envelope for the remainder of the year allocated to the West Yorkshire Integrated Care System (ICS) and the approach to how this would be distributed to the various NHS providers.
- An explanation on the position of staff recruitment in South West Yorkshire Partnership NHS Foundation Trust.
- Concerns regarding the increased activity in the number of people seeking support from mental health services and details of the implications of a virus outbreak in one of the trusts units.

Health and Adult Social Care Scrutiny Panel - 24 September 2020

- Details of the improvements that had been made in organisations working together and the workforce group that had been established.
- Details of Locala's decision to withdraw its home care service.

RESOLVED –

1. That the report be noted.
2. That a future report and discussion be arranged to include an update on the financial impact of the pandemic with a focus on services delivered in the community such as domiciliary care.

8 COVID-19 Update

The Panel welcomed Emily Parry-Harries Head of Public Health Kirklees Council to the meeting.

Ms Parry-Harries presented the data that covered the numbers of cases of Covid-19 in Kirklees that included the cumulative and current position.

Ms Parry-Harris provided an update on testing in Kirklees which included details of the mobile testing units, local testing sites and confirmation that Kirklees was able to offer asymptomatic testing in areas with high case numbers.

Ms Parry-Harries outlined details of the testing that was being carried out in care homes across Kirklees and highlighted the various plans and arrangements that had been put in place to respond to local need that included a Covid -19 Local Outbreak Control Plan.

Ms Parry-Harries informed the Panel of the current position on PPE and confirmed that Kirklees was managing the West Yorkshire Local Resilience Forum emergency supplies.

Ms Parry-Harries outlined the key lessons learned that included the importance of early engagement with communities. Ms Parry-Harries highlighted a number of ongoing areas of consideration that included seasonal flu planning, preparing for the winter months and the potential for a second wave in the numbers of people contracting the virus.

Ms Parry-Harries informed the Panel of the key messengers that public health were promoting to the residents of Kirklees that including the importance of hand washing, social distancing, getting tested if you displayed the common symptoms of the virus and if required the need to self-isolate.

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

- A question on whether the current problems relating to testing was due to the levels of demand or capacity issues.
- Clarification that there was an issue with the capacity to handle the volume of tests that were required.
- An overview of the work that public health was carrying out on a daily basis.
- Details of the approach taken by public health to test and trace.

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- Confirmation that test results reports were coming through relatively quickly.
- Clarification that work was being done to establish a testing centre in Huddersfield.
- Details of public health's primary focus of preventing the spread of the virus.
- The hope that there would be a national relaunch of the shielding programme to protect those people who were most vulnerable to the virus.
- The pros and cons of the NHS Covid-19 app.
- The hope that the data from the app would provide more detailed information on the levels of the virus and how it is circulating in the population.
- Details of the scam that was currently being linked to the app.
- The work that was being done to engage with communities and to deal with the myths and rumours about the virus.
- A question on whether there was a specific end of life guidance protocol for care homes and hospitals that allowed families to spend time with their loved ones who had reached their end of life stage.
- A question on whether there was guidance on how often domiciliary carers should be tested for the virus.
- A question on whether there was specific guidance on the use of PPE by workers in the NHS and social care undertaking home visits and how the equipment was disposed of.
- An explanation that because Kirklees was in an area of additional restriction people were being strongly advised not to visit family in care homes.
- An explanation that there were some exceptions to this advice and people were being provided with the support needed to assist visits to see family who had reach their end of life stage.
- Clarification that the only asymptomatic testing programme in place was currently for staff and residents of care homes and did not extend to domiciliary carers.
- Confirmation that guidance on the use of PPE for home care workers had been issued and an offer to share the guidance with scrutiny.
- Confirmation that the same support was provided to people who wanted to visit family in hospital who had reached end of life stage.
- A request to see the acute hospitals end of life protocols.
- The desire to see the capacity for asymptomatic testing increased to cover all key front-line workers.
- Confirmation that public health was receiving the level of data required to support local test and trace.
- Details of the work that was being done to complete a business case to support a local test and trace scheme.

RESOLVED –

1. That the information presented by public health is noted.
2. That an update on Covid-19 continues as a standing item on future agenda's.

9 Work Programme 2020/21

The Panel considered its work programme for 2020/21 and the forward agenda plan that included an overview of the items planned for the November 2020 meeting and the December 2020 meeting.

Health and Adult Social Care Scrutiny Panel - 24 September 2020

The Panel discussed issues for inclusion in the December meeting that included: a detailed discussion with South West Yorkshire Partnership NHS Foundation Trust to understand the impact of the pandemic on mental health services; a presentation from CQC with a focus on adult social care; and a suggestion to wait until the impact of Covid-19 on winter pressures was much clearer before deciding which issues should be covered by the Panel.

Cllr Smaje stated that the Health and Wellbeing Board was responsible for looking at health inequalities and suggested that the Panel may wish to consider looking at this area, initially on an informal basis, to check that health inequalities was being considered in the NHS restart of services.

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: Thursday 5th November

Title of report: Planning for winter across Health and Social Care in Kirklees

1. BACKGROUND/KEY POINTS

1.1 A&E Delivery Boards

The focus for the operational response to the winter pressures in Kirklees is through the two local A&E Delivery Boards which are based on the acute Trust footprints; Calderdale and Huddersfield and Mid Yorkshire (in Mid Yorkshire this is called the A&E Improvement Group).

The plans are developed by the A&E Delivery Boards, supported by a representative from NHS England who sits on the board. Any change or modifications to the plans are discussed and agreed at the A&E Delivery Boards and monitoring against the plans is part of the monthly A&E Delivery Board agenda.

A perfect storm – this winter is likely to be our most challenging yet; Covid -19, peaks, seasonal flu, other winter-related conditions – set within context of huge reductions in capacity and social distancing (face to face care, support offers, beds etc), deepened health inequalities and financial pressure.

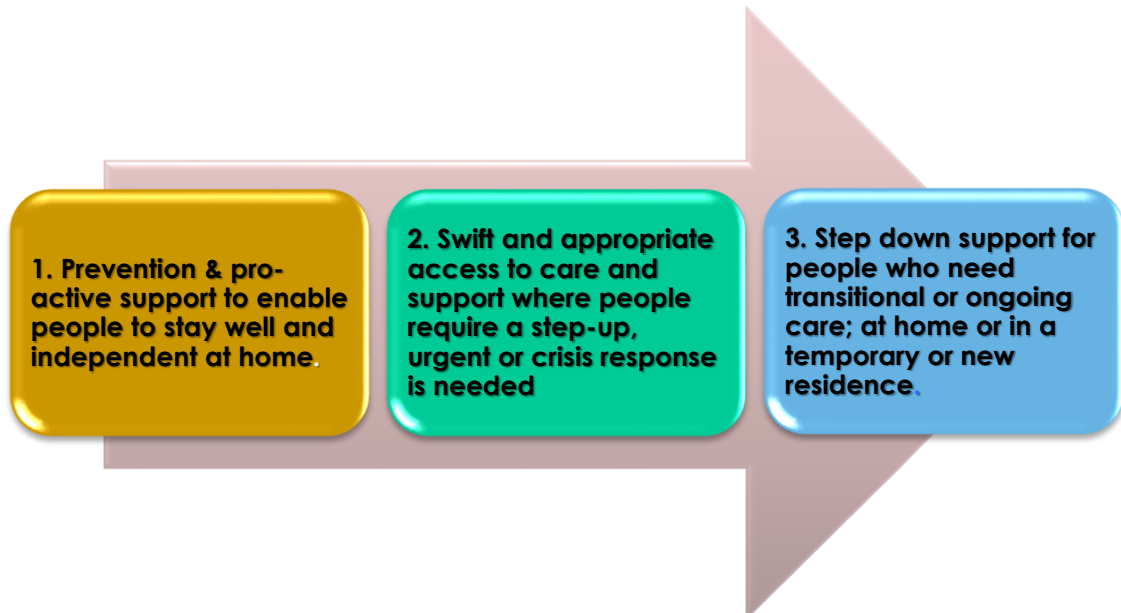
In the first Covid-19 - disproportionate impact on; people living in deprived areas, BAME population, those in certain occupational groups, people with long term conditions, and those who have not accessed essential physical and mental healthcare during the pandemic.

The huge economic/employment impact of Covid-19 on families and businesses, which will exacerbate the impact of winter.

It is not a challenge for one part of our system. We have learned that we work best together - taking learning from the work we did together during the first pandemic peak

1.2 Calderdale and Huddersfield

In relation to the Calderdale and Huddersfield Acute Urgent Care system, the focus of the winter plans was to combine the winter plan with the Covid reset plan in one plan focussing on 3 key areas as agreed by partners across the system;



Within each step above a number of priorities have been agreed;

Step 1; Prevention

- Maximise support for vulnerable households/individuals: food, warmth, isolation, transport, digital access
- Support unpaid carers
- Strong wrap-around multi-agency support to care homes
- Access to a menu of elective care offers
- Ensure resilience in home care market
- Timely access to community support, and reablement
- Clear and effective Directory of Services, deliver NHS111First, with links to Single Point of Contact/Gateway to Care
- GPs treating all their on-day demand
- Optimise A&E access by reducing avoidable attendances
- Greatest year for flu uptake; staff and population

Step 2; Access

- Clear and effective Directory of Services, deliver NHS111First, with links to Single Point of Contact/Gateway to Care
- Two hour community rapid response; admission avoidance, follow-up, reablement
- Community based frailty and Out-Parenteral Antimicrobial Therapy services (and identify any others)
- Protect critical care capacity for those who most need it (minimising avoidable hospital admissions)

- Access to appropriate End of Life Care (hospice care; beds, outreach, respite)
- Timely access to NHS111First , NHS111 and 999 capacity

Step 3; Step Down

- Timely access to reablement, intermediate care and discharge support to avoid readmission and provide on-going support as needed
- Integrated discharge teams (Reason to Reside tool), effective assessments in A&E, proactively on wards, Trusted Assessors
- Appropriate Discharge to Asses and community bed capacity
- Effective mental health pathways
- Maximise support for vulnerable households; food, warmth, transport, digital access (maintain volunteering support & restore 3rd sector support)
- Establish community stroke/rehab beds

Action plans are in place against each priority identified to show how this will be delivered.

As in previous winter planning the National Escalation Framework will be utilised and the ECS monitored alongside the use of OPEL triggers throughout the system and specific focus around, workforce, strengthened operational management, focus on SAFER and reducing delays, divisional winter plans and the usual EPRR around pandemic flu, EU Exit, Extreme Weather and critical incident plans to ensure Business as Usual is maintained throughout the period.

Additional command and control processes have been put in place which can be quickly stepped up as required through the winter period.

1.3 Mid Yorkshire

MYHT have approached winter in a similar way to CHFT having a combined winter 2020/21 plan and Covid-reset approach in conjunction with key stakeholders.

The aims are;

- To support a safe organisational increase in activity to the highest possible level within the new operational framework
- To work with system partners to establish alternative service delivery models and new methods / places of delivery where needed
- To maximise the value of any activity by eradicating waste and duplication
- To provide a resilient service delivery model in the event of a second Covid wave or other significant system impact

To achieve these aims a 5 working principals are adopted;

1. To optimise the Pontefract Site for “cold Surgery”. To offer 3 sessions days/7 days per week by offering staff a combination of additional activity and overtime. To support the clinical teams by investing in administrative staff and portering and domestic staff to reduce waste and optimise productivity.
2. To increase high volume daycase activity at Dewsbury District Hospital (DDH) with an opportunity to have 3 sessions days/7 days per week working as per

principal 1. To maintain a smaller and discreet surgical bed base in order to support their work but to allow Division of Medicine to increase capacity for the Winter surge.

3. To ensure that medical patients are contained in an extended medical bedbase (no outliers) with the following:
 - 2 site focus (DDH and Pinderfields)
 - Expanded bedbase at DDH with an associated medical staffing model
 - Maintain Medically Optimised For Discharge (MOFD) list to less than 30 patients
 - Achieve Referral to Admission of less than 60 mins
4. To maintain Out Patient Activity through the planned use of Non Face to Face appointments and video consultation plus use of weekend clinics where staffing allows. Note required increase in support staff.
5. To optimise the use of the independent sector and Any Qualified Providers (AQP) (in reach as well as off-site) to enable an increase in activity.

Delivery will be managed through local divisional activities with activity co-ordinated through existing reset structures. A dedicated Senior Responsible Officer (SRO) has been appointed for winter who is a member of the reset steering group.

Escalation will be to the twice weekly executive meetings that remain in place

External escalations will be delivered via the joint strategic oversight group and associated workstreams

1.4 Locala

Overview of preparations for winter;

Locala have been taking an integrated approach to planning and service delivery as part of the response to Covid and in preparation for the winter period. A review of current services have taken place, reformation planning is coming to an end as part of service re-starts, pathways relating to Discharge to Assess (D2A) and Admission avoidance have been prioritised to ensure the home first approach is embedded throughout services with the aim to avoid admissions and to ensure a speedy safe discharge.

Locala are working closely with partners at Trust and Community level to ensure an integrated, consistent approach to service delivery and problem solving. A winter plan has been submitted through internal governance systems and will be shared detailing the service offer and contingency planning during the winter period.

The Intermediate Care (IMC) beds review and model has ensured robust pathways as part of the step up and step down of patients, with excellent working relationship with the Local Authority as part of this along with the D2A bed modelling. Further work is ongoing with the D2A pathway to review the process and ensure that patients' needs are being met within this short term period.

All of the above links in with the Trusts area of focus relation to prevention of admission, step up and Urgent Community Response (UCR) as well as improved and enhanced discharge pathways and workforce.

Lessons learned from the winter period 2019/20;

- All partners continued to experience staffing challenges and are likely to do so for the foreseeable future. Mutual aid support was offered during this time
- System pressure calls with the local Trusts and partners have been effective across Kirklees
- Demand for health and social care services continued to rise in A&E attendances. Kirklees relied on additional capacity beds to manage demand.
- Partners have demonstrated good system working.
- Trusted Assessor roles within Kirklees Independent Living Team (KILT) were assessed which resulted in colleagues within Short Term Assessment Response Team (START) taking on the Trusted Assessor roles (through signed agreement) to support the speedy assessment and care being put in place.

Feedback and experiences of service users from last winter period;

Locala regularly monitor patient experience and feedback on a monthly basis including compliments and complaints. For example; we have some positive patient feedback relating to the speedy process of discharge into IMC beds with positive experience for their time within this setting.

Measures being put in place to mitigate any additional pressures created by a resurgence of COVID-19;

In addition to this learning, there has been learning in response to Covid-19 between March and September 2020.

- Increased demand to support patients to be rapidly discharged from hospital in line with the Discharge to Assess Guidance
- Additional D2A beds were procured across Kirklees with demand taking up approximately 60% of the beds (these will continue during winter)
- Increase in 0-2 hour response for the Integrated community care teams (ICCT) and START services
- Reduction in face to face consultations for GP practices and other health services
- New guidance and service offer for hospital discharge and admission avoidance pathways have been introduced and revised for winter
- Redeployed colleagues worked across the system internally within Locala and as part of mutual aid support
- New KILT referral form was introduced in September with the aim to adapt to be wider integrated discharge form for health and social care services.

New measures

- Discharge to assess process is under review with the move towards a more integrated referral form and pathway for patients with Health and/or social care needs (Pathway 1-3)
- D2A pathway to support patients therapy needs in the beds is in development

- Enhanced resources being put into to the hospital discharge team to support patient discharge in a timely manner
- Enhanced resources in START to support admission avoidance
- Enhanced resources in the Care Home Support Team to support discharge, admission avoidance and advance care planning
- Internal tactical system to escalate and manage risk
- Reviewing pool of trained staff who were redeployed in preparation of any national guidance for service priorities
- Locala representation at Trusts tactical meetings including Multi-Agency Discharge Event (MADE) to support integrated approach to discharge
- Additional funding for therapy input into non weight bearing pathways

1.5 Kirklees Council

The Council each year reviews its winter plan to ensure that the system works together to ensure that people with health and social care needs are supported in the most appropriate and joined up way. This year we approach winter whilst managing the impact of a pandemic. The government in response has provided guidance and resources to support hospital discharges and the wider health and social care system throughout what will be a challenging season. The measures below set out the actions to deliver the Kirklees Vision for Adult Social Care and to ensure resilience and business continuity over winter.

Support for people who are vulnerable

A team was created to contact all those Clinically Extremely Vulnerable requesting help and support on the NHS portal and contacting those who didn't use the portal. We have data and details on those supported be that provision of food, pharmacy and basic needs. We are therefore able to contact them again should shielding be reintroduced. All the resources allocated to this task have returned to their substantive roles as more services reopen.

Mutual aid groups and anchor Voluntary and Community Sector (VCS) organisations are helping with Covid testing, the flu programme and are on high alert for shielding patients needing support again. They are working to resume some services, develop new ones and deal with issues relating to furlough and reduced finances.

Assessment teams

The Assessment Hubs continue to complete virtual assessments and reviews using smart phones and laptops. This enables them to continue to identify both service user and carer needs and continue to support them in their own home. They have also continued to reach into the care homes to complete reviews to ensure that the residents needs are been fully met. We are continuing to engage virtually with other agencies and professionals to offer wrap around support to those in need.

The teams have continued to respond to Safeguarding alerts and enquiries and self-neglect and Deprivation of Liberties (DOLS). Digital devices have been issued to care homes to enable the safeguarding Teams and hubs to reach into the care homes and for the care homes to maintain contact with adult social Care. This ensures timely and appropriate responses. Risks are identified and responded to early.

Urgent visits in the community are still completed when necessary and staff are deployed flexibly across the community and hospital service to meet peaks and demands where needed.

Discharge to Assess:

The hospital assessment team consists of Care Navigation, Social Workers and Community Assessment and Support Officers. The team liaises with Hospital Discharge Coordinators regarding patients with social care needs. This team works closely with the Brokerage and KILT (Kirklees Independent Living Team) teams.

The hospital teams operate 8am to 8pm 7 days per week.

We have been working with partners in both Trusts and in Locala to ensure we have a robust response to the National Hospital Discharge Service Requirement Action Cards and discharge guidance released on the 28th August 2020.

The essence of the guidance places an emphasis on joint working, trusted assessment and requires social care to focus on out of hospital assessment, to ensure patients are supported with either short or longer term options to manage their presenting needs following either an acute episode or an exacerbation of their long term condition.

A shared referral / assessment developed by Kirklees Council and Locala have been put in place to support information sharing. This is further supported by a Multi-Disciplinary Team (MDT) approach in the Hospital Trusts where members of the Social Work Team, KILT Team and Locala process referrals and support patients on pathway 1, 2 and 3 as determined in the guidance.

All hospital discharge and hospital avoidance care packages will be funded for up to 6 weeks by NHSE to protect hospital capacity and to facilitate the discharge to assess pathway and to support the continuing health care pathway. To ensure this is managed the Kirklees Council have installed two Discharge to Assess Coordinators (one in each Trust) to manage flow, monitor community bed usage and to act as a conduit and trusted assessor.

Kirklees Council in partnership the local CCGs have procured 90 independent sector care home beds (a mix of nursing and residential care) to facilitate the discharge to assess pathway. There is an option to spot purchase more beds if demand out strips capacity and we are assured there are currently enough beds in the system to support heavy winter demand. There are 63 intermediate care / therapy beds in the system provided in partnership by Kirklees Council and Locala which will be used flexibly alongside the 17 transitional beds owned by Kirklees Council to ensure hospital flow and community resilience is maintained.

Home from Home accommodation can be used to facilitate hospital discharge into temporary accommodation for individuals who are unable to remain, or return to their existing accommodation due to varying factors; or is part of a step programme of independent living. Home from Home (HfH) flats are located within Extra Care Housing facilities, retirement living and other independent properties across Kirklees. The homeless housing officer also works with the assessments teams to identify appropriate accommodation for hospital discharge. Housing Services have a plan in place for dealing with homeless people during severe weather – the plan will activate when the temperature falls below 0 degrees for 3 consecutive nights. Under the current system, homeless people will be provided with overnight accommodation until the weather improves.

Note:

- Where needed an up to date Covid-19 test result must accompany the patient out of hospital
- All temporary services including Non Weight Bearing Pathway, Intermediate Care and Continuing Health Care (CHC) will be funded by the NHS for 6 weeks – out of hospital assessments must be completed within this window

Kirklees Independent Living Team:

The Kirklees Independent Living Team (KILT) is an umbrella term for short term services which provide care and support interventions to promote safety, wellbeing and independence and are delivered via the Council and Locala.

Intermediate care services in Kirklees are made up of numerous bed based and home based services that provide short term interventions to maximise independence and include:

- Reablement
- Short Term Assessment Response Team (START)
- Intermediate Care Beds
- Rapid Response Service
- Long Term Conditions Service

Urgent Community Response (UCR):

The rapid response service is part of the KILT umbrella suite of services which supports people (over the age of 18) who need short term input to recover from an 'acute episode' within the community. Rapid response aims to support people at home through provision of a rapid (within 2 hours) response to support exacerbating needs, thereby avoiding an unnecessary hospital admission. Phase 1 of the urgent community response programme launched on the 1st November 2020.

The team provide short term domiciliary care, including some basic health care tasks and prescription of minor equipment, adaptations and assistive technology for those who do not need/ meet the criteria for reablement or intermediate care services. The service will accept referrals from the acute trusts via the KILT Triage to prevent hospital admissions, to facilitate discharge and to improve access to wider preventative services, linking to other council service such as assistive technology that could support people's ongoing recovery and independence

To support with Urgent Community Response, existing Rapid Response capacity is being enhanced by an additional 300 delivered hours of care

To improve the flow of people through the system and across the interface between health and social care joint 7 day working is ongoing providing more responsive services:

- Mobile Response Service (MRS) - provide a 7 day x 24 hour urgent response service in the community (i.e. respond to carephone activations with non-responsive service users, lifting people who have fallen at home, etc.) to avoid hospital admissions and ambulance call-outs to vulnerable people in the community

- Hospital Avoidance Teams (HAT) - provide a 7 day working week (9am – 9pm) service based in the Huddersfield and Dewsbury hospitals A&E and the Acute Care for the Elderly ward.
- Hospital Social Work Teams - provide a 7 day working week (9am – 5pm) service based in the hospitals.
- KILT Locality Managers - provide a 24 hour x 7 day service to ensure arrangements continue for existing packages of care and to arrange transfers of care

Both the KILT and UCR approach, based on the principles of 'home first', will support system flow and avoid unnecessary hospital admissions. The Council's Rapid Response service is currently recruiting to ensure required additional capacity is in place during the winter period to support UCR patients with rapid home care.

Kirklees Council as part of the demand and capacity work are looking to move their Social Care Occupational Therapists away from the social care hubs and create a team that supports Gateway to Care to channel initial referrals for care and support in to the Reablement Service to promote independence and wellbeing. This will also facilitate increasing provision of assistive technology and equipment for daily living to promote independence and wellbeing, promote meaningful occupation to reduce reliance on more intrusive services. The team will also focus on supporting the frailty and falls agenda.

Learning Disability:

Learning Disability services are currently working with service users and carers to increase uptake of Direct Payments to support individuals to access personalised care at home. This may result in an increase to Personal Protection Equipment (PPE) requests, but should also take pressure off group settings such as respite placements and Colleges should they need to respond to COVID guidance or are unable to run at full capacity. Teams are supporting Carers to be as resilient as possible in the community, providing increased Enablement services, greater focus on assistive technology solutions and providing a focus on reviews.

Mental Health:

SWYPT integrated community services continue to function as usual. Where possible service users are offered a choice of how they would like to keep in contact - by phone, by a video call, in their home or in a clinic. The way that teams communicate with individual service users is kept under constant review, taking into account risks, changes in mental health condition or social care needs.

AMHPS care currently supporting an increase in referrals for hospital admission, resources are being managed across the Hub and community to meet the increased demand. Mental health Intensive Home-based treatment teams and adult and older adult acute admission wards will remain in operation 24/7.

SWYPT are currently working with partners to develop a Personality Disorder Pathway to support service user in the community and reduce hospital admissions for this client group.

A daily 24 hour senior manager on call system operates in the local services.

Community Options:

Community Options provision is the name given to mental health services jointly commissioned by the Local Authority and the 2 CCG's. These services now work together as a partnership of providers in the voluntary sector and are generally known as the 'Working Together Better' partnership.

A range of services are offered including practical self-help solutions, activity sessions and courses, advocacy and physical activity. Services have continued through the current pandemic and have developed new larger scale online offers – these are set to continue.

Despite restrictions some activities have returned in a controlled and socially distancing way and providers will continue to look at how they may do this and increase the face to face support that people are missing. Regular meetings with the Commissioning Manager and the providers will continue and will consider emerging needs and the response to that.

Mental Health Community Crisis Provision:

Crisis café provision is closely linked to these services and have continued to offer a level of support throughout the current period. The Huddersfield Café has recently re-opened in a restricted manner and the intention is that the Dewsbury Café will also do so in the near future.

Additionally to the café the commissioned Peer Brokerage service has re-focused their service in conjunction with the Local Authority. A change of focus was planned for this service to begin on 1 April 20 to offer more 1:1 support, however this was revised to respond to the changing Covid-19 needs and phone support was offered. This has proved successful and will continue and hopefully expand, providing more options during the winter for those who are seeking this type of mental health peer support.

Respite and Day Services:

The Council's in house day services (for adults with Learning Disabilities and for older people) and respite services will be incrementally increasing the offer (within current Infection Prevention and Control (IPC) risk assessments) to service users as we progress in to winter with additional overnight respite (at Mill Dale and Crescent Dale) and day opportunities sessions (physical, virtual and outreach sessions)

The Council runs two Dementia Care Homes with capacity for 60 beds across Kirklees (Castle Grange and Claremont House). Each care home includes 10 short stay beds which the Council will be reopening in a phased basis and in compliance with IPC guidelines in preparation for winter pressures (these beds have remained closed up to now due to Covid19)

The council's care homes at Ings Grove provides 7 transitional beds and at Moorlands Grange provides 10 transitional beds. Transitional beds are used for patients who are medically fit to return home but there is a delay in the availability of community based services. If there are no transitional beds available in the two council care homes the Hospital Social Work Team will, where possible, commission beds from the independent sector to meet the shortfall in needs.

Richmond Fellowship through their Trinity Street provision have worked with the Council and are now offering 3 beds to be used for respite and emergency needs for people experiencing mental health problems. Other options for this group are also

being considered in supported accommodation provision, both current and developing.

Kirklees' day opportunities services for adults with a learning disability are ordinarily based at Red Laithes Court (North Kirklees) and Highfields (South Kirklees). Kirklees' day opportunities services for adults living with dementia are based at Knowl Park House (North Kirklees) and The Homestead (South Kirklees). Adults using these services receive support between the hours of 8am and 5pm. Contingency plans in place to support with winter planning including strong links with the Community Learning Disability Team to ensure service users are supported with alternative support arrangements in the event of additional winter pressures.

Shared Lives respite is still available as usual and will remain so throughout winter, however access to the resource may be restricted if Kirklees enters Tier 3 Covid measures. Teams are sighted on this and are working on contingency plans for service users who may become affected.

Support for carers:

Carers Trust is providing 5,000 hours of breaks per month, including fast-track prioritisation where there is risk of carer break down.

The Carers Emergency Breaks service is supporting around 28 carers per quarter who need short term breaks due to an emergency or unforeseen crisis. The service is available to all carers, regardless of whether they are already known to health and social care and provides domiciliary registered cover within 2 hours. The service will support a family for up to 3 days.

Regular communications go to all carers registered at Carers Count, including updates and information each month to reassure carers that services continue to be available when needed. This is distributed electronically as well as being physically posted via Document Solutions to all carers known to the service who do not use electronic communications.

Peer support and socialisation activities are run electronically to help reach isolated carers. Regular phone calls are made to Carers who need this support but don't use electronic devices. Check-up calls are made where a client may be particularly vulnerable and isolated.

Support is in place to help carers who are reticent or not confident to use electronic devices for socialisation and accessing services to do this, learn, and gain confidence. A library of electronic devices is being procured for carers who would benefit from this but who do not have the means to purchase an electronic device.

Provider arrangements:

Living Well at Home

We have recognised that during the pandemic domiciliary care providers have quite naturally worked differently to meet the ever-changing priorities of people using the service. Instead of sticking rigidly to the 'time and task' model, providers have told us about the creative ways their teams have supported people; GP appointments and 'shopping trips' via WhatsApp, getting people acquainted with smart phones and tablets to keep in touch with families, having film nights and baking sessions with people who couldn't use the social element of their care plans go out and about. Providers have also created 'tighter' rounds for infection control purposes. This has

meant that people enjoy more consistent staff teams, build better relationships which in turn enables staff to really get to know how to support people to 'live well at home'. We have supported this change by paying on commissioned time which enables providers to work more flexibly with people to plan their care and support.

As a consequence of the above we have therefore continued to work with all providers across Kirklees to embed a more personalised and outcome focussed approach to arranging and delivering the service. There is work progressing within the Council to change documentation, systems and processes to enable the different approach. Officers are currently working to bring together the Brokerage, Sensory Services and Care Navigation services into one team called Support Options. The team will work closely with individuals and their carers, assessment and provider colleagues to arrange personalised services which help people to achieve what is important to them.

We have changed the name of the initiative to 'LIVING WELL AT HOME'. This is because we recognise that the language we sometimes use can create barriers and alienate people, including the people who use the service. We have therefore decided that moving forward we will be using more everyday language which we all understand and use. We believe that this fits with a more person-centred approach.

Residential Care:

The Council has provided 2 phases of financial support to providers which included placing a 5% premium on the current care home fee rates, payment for 3 days after death for a resident rather than 1 day and payment toward the cost of COVID related voids. In addition, it has purchased, with the CCG 90 beds on a block purchase basis to support hospital pressures which has also supported care homes.

The government has provided funding for care providers through a first phase of an Infection Prevention Fund (IPF) and this has been distributed to providers. This amounted to £4.553m in Kirklees.

Alongside this, the Council and CCGs have provided significant in-kind support to care providers to assist with operational delivery including IPC advice, continued recruitment and retention support through th2Care service and practical staffing support. To better support hospital discharge Kirklees Council, through the Kirklees Equipment contract, are loaning equipment to care homes where the equipment can be used to support single handed care.

Kirklees Council and the CCGs hold joint multi-disciplinary Care Home Early Support and Prevention (CHESP) meetings attended by the Council, CCG, Locala, Care Quality Commission (CQC) and other invited agencies. At these meetings early warning and alerts are raised and discussed to enable a more proactive approach with care home providers and offer support to care homes at an early stage. The purpose of this multi-disciplinary group is to improve provider quality and the quality of life and satisfaction of individuals living in residential and nursing care.

Over the past months the Council and key strategic health partners have been initiating and developing a Care Home Programme Plan. Kirklees Care Home Programme builds on the key element and sub-elements of The Framework for Enhanced Health in Care Homes (EHCH). The Framework lays out a clear vision for providing joined up primary, community and secondary, social care to residents of care and nursing homes via a range of in reach services

The Council and CCGs will continue to monitor the ever-changing crisis and take account of all guidance and possible Central Government funding for the Sector and act accordingly.

End of Life:

End of Life plans have developed at pace during COVID with system partners supporting the development of personalised care plans which include advanced care plans for residents in care homes. Kirkwood Hospice enhanced their care co-ordination service and their Social Workers are now completing Care Act Assessments for people they support and are able to access social care funding directly under a trusted assessor model. The Continuing Health care team provide end of life care through the Marie Curie support service.

1.6 South West Yorkshire Partnership Foundation Trust (SWYPFT)

Priorities for SWYPFT have been identified for winter 2020/21 and incorporated into winter planning;

- Ensuring system understanding of the delayed peak of mental health need hitting services
- Ensure the range of access points into SWYPFT services (Single Point of Access (SPA), wards, Mental Health Liaison Team (MHLT)) have the available capacity to manage demand in line with agreed tolerances
- A&E pathways exist to ensure minimum delays; availability of Section 12 Doctors, MHLT Capacity, Approved Mental Health Professional capacity
- Enhanced Team capacity to manage the increasing number of complex patients being referred to the service.
- Maintaining bed occupancy levels below 100%
- Reducing the use of out of areas beds to a minimum
- Effective pathways to meet potentially growing demand associated with; Children & Young People, Personality Disorder, Serious Mental Illness, Early Intervention in Psychosis, Improving Access to Psychological Therapies (IAPT), Psychology, identifying where there will be pathway challenges will affect the system
- Joint work with the 3rd sector to restore community support; Recovery College etc
- Continue to balance remote working opportunities with the requirements for Face to Face support in line with client need

SWYPFT will work with system partners to deliver the priorities as identified in 1.2 above

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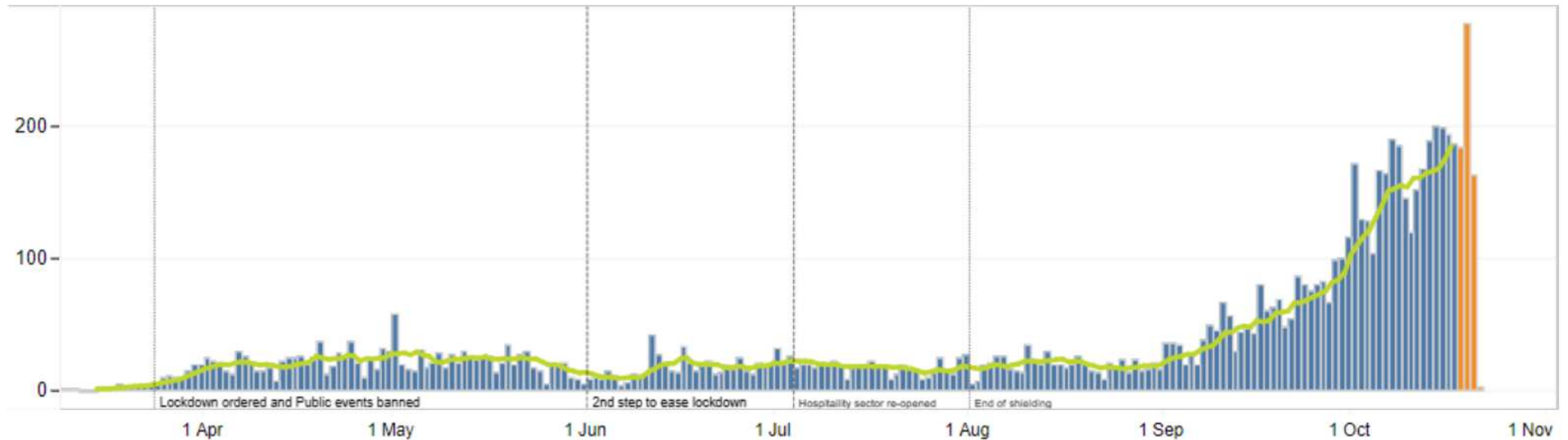
Covid-19 Update: Health and Adult Social Care Scrutiny Panel

26th October 2020

Cumulative Position

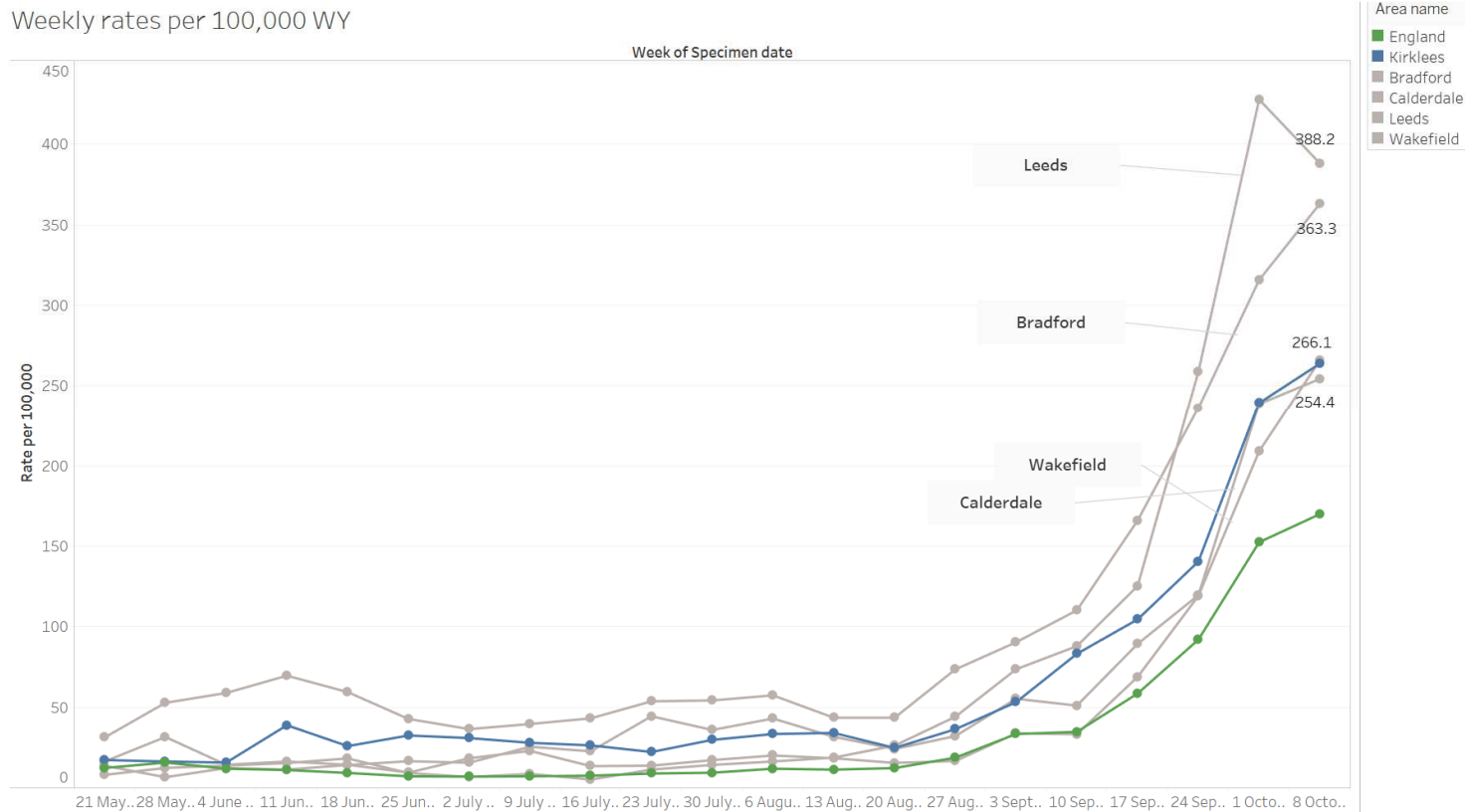
- Number of confirmed cases in Kirklees: 8,227
- Cases in the last week: 1,120
- Latest weekly rank: 36
- Note: these are correct as of 22 October 2020

Number of daily cases of Covid-19 in Kirklees. **Green line** ◆ shows the 7-day rolling average. Data for the last 5 days is subject to change (coloured **orange** ◆). Annotations show national easing of restrictions.



Current Position

- Kirklees rate is 266.1 per 100,000 (week ending 14/10/20)



➤ Note: Updates can be tracked here:

<https://public.tableau.com/profile/kirklees.intelligence.service#!/vizhome/CoronaviruscasesKirklees/PublicFacingDashboard>

Testing Update

Mobile Testing Units	Local Testing Sites	Asymptomatic Testing
<ul style="list-style-type: none"> • Drive through sites serve dual function of providing community testing and responding rapidly to areas of community need and working alongside regional testing sites. Samples sent to lighthouse labs to enable increase support of testing nationally. Appointments are needed for these sites. • Current locations: <ul style="list-style-type: none"> ▪ Batley: Wards Hill Car Park, Wellington Street, Batley, WF17 5HZ ▪ Dewsbury (Ravensthorpe): Cliffe Street Car Park, Sharp Street, Dewsbury, WF13 1QZ ▪ Holmfirth: Car Park at Holmfirth Pool and Fitness Centre, Huddersfield Road, Holmfirth, HD9 3JL ▪ Fartown: Fartown Cricket Club, Spaines Road, Huddersfield, HD2 2RE • If needed the Director of Public Health (DPH) will re-deploy to areas requiring site specific testing or experiencing a spike in cases based on intelligence pointing to a need. • A weekly update on uptake at these sites is provided from the national coordinators. 	<ul style="list-style-type: none"> • Walk up sites currently appointment only • Current locations: <ul style="list-style-type: none"> ▪ Dewsbury (Ravensthorpe) (Queens Street Carpark), ▪ Huddersfield: Percy Shaw House, Queen Street South, Hudds, HD1 3BB (Opp Bates & Co Ltd) ▪ Shaw Cross: Bywell Playing Fields Car Park, Leeds Road, Dewsbury, WF12 7HL (Near University) • Awaiting formal approval for Dewsbury railway station carpark with end of November as go live date • In discussions with DHSC and Deloitte's for an LTS in Heckmondwike, 	<ul style="list-style-type: none"> • The National Testing Programme continues to experience high demand so the decision was to pause progressing asymptomatic testing.

Testing Update

➤ **Testing in Extra Care and Supported Living:**

- Information on number of residents and staff in Extra Care and Supported Living facilities that meet the criteria submitted to DHSC .
- This is to be at present one off testing to then be reviewed by DHSC

➤ **Care homes:**

- Since the last update the IPC team has provided support for 13 care homes , with ten having a previous outbreak. All new cases identified through whole care home testing.
- Staff or residents that test positive - the national guidance is now not to retest for 90 days.
- The IPC team has undertaken a number of audits and outbreak walkabouts in care homes.

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Name of Meeting: HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL
Date: 5th November 2020
Title of report: KIRKLEES SAFEGUARDING ADULTS BOARD 2019/2020 ANNUAL REPORT
Purpose of Report: To present the 2019/2020 Kirklees Safeguarding Adults Board Annual Report.

Key Decision - Is it likely to result in spending or a saving of £250k or more, or to have a significant effect on two or more electoral wards?	N/A
Is it in the Council's Forward Plan (Key Decisions and Private Reports)?	N/A
The Decision - Is it eligible for "call in" by Scrutiny?	N/A
Date signed off by <u>Director</u> and name	Richard Parry – 20/10/2020
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	N/A
Is it also signed off by the Assistant Director, Legal, Governance and Monitoring	N/A
Cabinet member portfolio	Cllr Musarrat Khan, Portfolio Holder for Health and Care

Electoral [wards](#) affected: All
Ward councillors consulted: Consultation with Ward Councillors is not applicable to this report
Public or private: Public

1. Summary

1.1 The Kirklees Safeguarding Adults Board

- 1.1.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership, which brings together the main organisations working with adults at risk of abuse or neglect. Hence, its membership includes: Kirklees Council, West Yorkshire Police, NHS organisations and West Yorkshire Fire and Rescue Service. Its core purpose is to help and protect adults at risk in its area.
- 1.1.2 In 2015 the Board appointed its first Independent Chair and, in accordance with Care Act guidance, the Independent Chair of the KSAB reports quarterly to the Council's Chief Executive on the work of the Board.
- 1.1.3 The Board has reviewed its lay membership as the second lay member was unable to continue due to changes in circumstances. This led to Kirklees Healthwatch being invited to join the Board with the aim of strengthening the public voice on the Board, as well as building on the priorities around engagement and communication. 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.

The Board has continued to receive active involvement from Healthwatch, who regularly support the Independent Chair and lay member at the annual Challenge Events, when partners are asked to account for the work they have undertaken. This ensures an additional level of transparency and scrutiny. Individual Board members take responsibility for reporting through their own organisations, including the submission of annual progress reports to their executive management body/board. This is to ensure that Adult Safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.

- 1.1.4 Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the Board's performance framework. Through regular reporting and the annual Challenge Event, the Board calls partners to account for their approach to safeguarding adults.
- 1.1.5 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 Plan¹. This 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.

1.2 The Health and Adult Social Care Overview and Scrutiny Management Committee and the KSAB

- 1.2.1 The Health and Adult Social Care Overview and Scrutiny Management Committee is made up of democratically elected members and members of the public who volunteer to sit with Councillors on the Panel. The Panel has the powers to:
 - Hold decision makers to account
 - Challenge and improve performance
 - Support improvement that achieves better outcomes and value for money
 - Influence decision makers with evidence based recommendations
 - Bring in the views and evidence of stakeholders, users and citizens
- 1.2.2 Panel members have a unique role to act across the whole health and social care economy. They are responsible for holding decision makers (ie the Health and Wellbeing Board, the Council, Clinical Commissioning Groups, NHS England and providers), to account.
- 1.2.3 In fulfilling part of their role, the Panel receives the KSAB Annual Report and Strategic Plan.

1.3 Health and Wellbeing Board

- 1.3.1 The KSAB Annual Report will also be submitted to the Health and Wellbeing Board (HWB) on Thursday 26th November 2020.
- 1.3.2 The HWB is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.
- 1.3.3 As part of this role the HWB receives the KSAB Annual Report which helps to further develop a shared understanding of the Board's responsibilities and priorities and

¹ <http://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/kirklees-safeguarding-adults-board-strategic-plan.pdf>

promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.

2. Information required to take a decision

The KSAB Annual Report is being presented for information.

3. Implications for the Council

3.1 Early Intervention and Prevention

Early Intervention and Prevention is a key aspect of the board's work.

3.2 Economic Resilience

Not applicable.

3.3 Improving Outcomes for Children

Not applicable.

3.4 Reducing Demand for Services

A good safeguarding system with an emphasis on pro-active, preventative work between partner organisations can help reduce demand for care and support.

3.5 Legal/Financial or Human Resources

Not applicable.

4. Consultees and their opinions

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

5. Next steps

Not applicable.

6. Officer recommendations and reasons

That the Overview and Scrutiny Management Committee note the work of the Board over the last 12 months, and are receptive to receiving the next Annual Report which will be due for refresh in the Autumn of 2021

7. Cabinet Portfolio holder recommendation

That the Cabinet Portfolio holder notes the work of the Board over the last 12 months and continues to receive further Board updates in the future.

8. Contact Officer

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

9. Background papers and history of decisions

Not applicable.

10. Service Director responsible

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

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**Partners in
preventing
abuse and
neglect**

Annual report
2019-2020

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Introducing our 2019-2020 Annual Report

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.

In the last annual report, we fed back on the Peer Challenge. This external view on the work of the Kirklees Safeguarding Adults Board (KSAB) and our ability to safeguard people in Kirklees was thorough and the outcome was positive.

We have ensured that highlighted areas for development, identified through the peer challenge, were fully incorporated into the forward plan.

Therefore, last year we focused on and made progress in 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.

We are particularly pleased with the success of the newly formed practitioner forums as an effective way of strengthening the link between strategy and practice. The forums have, for example, played an important part in supporting the implementation of the new Self Neglect policy and procedure.

Early in 2020 the COVID-19 pandemic started and the board has developed a specific risk register to ensure that it is properly sighted on the impact of this on the safety and wellbeing of vulnerable adults. Issues arising and learning from this challenging period will be incorporated into this year's evolving forward plan and work programmes.

As an outward facing board, we continue to be committed to collaborative ways of working. It is essential that we 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 a group of system leaders that we work with others towards achieving our primary aim - keeping the people of Kirklees safe.

As normal this Annual Report will be submitted to the Health and Wellbeing Board and Overview and Scrutiny Panel. Board members will take it through their own governance boards and in addition, as required by the Care Act 2014, it will be shared with the Chief Executive and the leader of the local authority, the local policing body and Healthwatch Kirklees.



Mike Houghton-Evans
Independent Chair

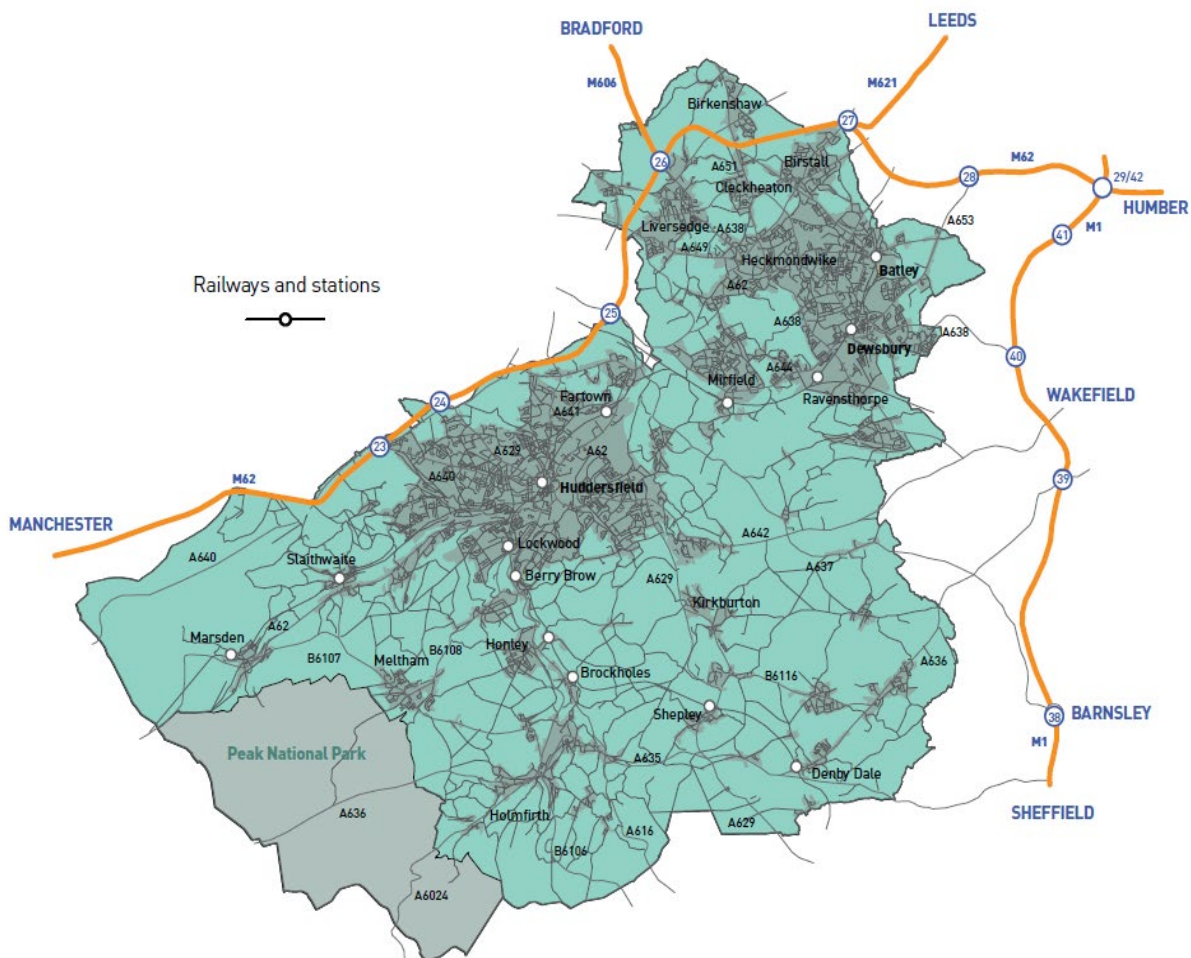
Talking about Kirklees Council

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 the 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 as well as the opportunities available, [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.



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".

- 12.2% (53,000) of people in Kirklees live in neighbourhoods among the top 10% most deprived in England (Index of Multiple Deprivation 2019).
- 14.3% (61,900) of people in Kirklees are income deprived (Indices of Multiple Deprivation 2019).
- 14.9% (14,300) of people aged 60 and over in Kirklees are income deprived (Indices of Multiple Deprivation 2019).
- 11.9% (32,450) of people aged 16 to 64 in Kirklees are claiming Universal Credit (April 2020).
- There are 18,091 Personal Independence Payments (PIP) cases with entitlement in Kirklees which amounts to 5.2% of people aged 16 and over (December 2019). In addition, there are 8,004 Disability Living Allowance claimants aged 16 and over (2.3%, August 2019).
- 11.3% (8,861) people of pensionable age claim Attendance Allowance (August 2019).

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.

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.

We continue to build on work we started when we appointed our first Independent Chair 5 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 Strategic Delivery Group (SDG) by leading and chairing it and undertakes a leadership role in the continued development of our partnership work.

The SDG is a key part of the Board's infrastructure and was created to strengthen partnership ownership of our work. It enables delivery of the Board's work programme. The SDG co-ordinates the development and implementation of priorities outlined in the strategic plan, establishes subgroups, Task-and-Finish groups and public engagement arrangements, as appropriate; and helps drive the development of good practice in Safeguarding Adults work and provides analysis and intelligence for the Board.

The subgroups are: Quality & Performance subgroup, Learning & Development subgroup, Safeguarding Adult Review (SAR) subgroup.

The working groups are: Engagement working group, Dignity in Care steering group and any others which may be determined by the Board or SDG during the year to support the Board's annual work programme.

As a strategic partnership it is important that the SDG, 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.

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 2019 - 20 the following agencies and organisations were members of the Kirklees Safeguarding Adults Board:

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

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.

Kirklees Safeguarding Adults Board 2019-20 Meeting Attendance

Independent Chair	100%
NHS North Kirklees Clinical Commissioning Group	100%
NHS Greater Huddersfield Clinical Commissioning Group	100%
West Yorkshire Police	100%
Kirklees Council Commissioning and Health Partnerships	100%
Lay member	100%
West Yorkshire Fire and Rescue Service	100%
Kirklees Council Adult Social Care	100%
The Mid Yorkshire Hospitals NHS Foundation Trust	100%
Kirklees Growth and Housing	100%
Locala Community Partnerships	100%
Calderdale and Huddersfield NHS Foundation Trust	100%
South West Yorkshire Partnership NHS Foundation Trust	100%
Healthwatch	100%
Kirklees Public Health ¹	75%
Elected member ²	25%
NHS England	25%

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

¹ Public Health joined the Board in the 2nd quarter

² Elected member joined the Board in the 4th quarter

required with partners and is reviewed annually as the work programme is agreed.

In 2019-20 we had £249,333 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.

Kirklees Council	£168,425
CCGs	£62,407
WY Police	£18,501

Subgroups of the Board

- During 2019-20 Subgroups of the board were:
- Strategic Delivery Group
- Safeguarding Adults Review
- Learning and Development
- Quality and Performance

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 is 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 three 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.

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.

1. Provide strategic leadership and effective collaboration including working productively across Kirklees in safeguarding adults

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:

- **Continuing to strengthen links and work closely with other strategic partnerships on themed areas**

The Board has representation on local Strategic and Operational groups on Modern Slavery, Prevent, Hate Crime, Female Genital Mutilation, and Protecting People from Harm, Domestic Abuse and Contextual Safeguarding. The Independent Chair also attends the Child Sexual Exploitation (CSE) Gold Group.

The Board took part in a joint workshop to refresh interboard collaboration on the areas of linked agendas, bringing together Kirklees Safeguarding Children Partnership and the Health and Wellbeing Board. It highlighted key areas of work, focusing on linked agendas and how we can help each other to work more effectively together to achieve our shared outcomes.

- **Securing Elected Member presence on the Board in response to reviewing and strengthening the Board's approach to lay membership**

The Peer challenge the Board commissioned in 2018/19 asked the Board to consider elected member representation as "elected members can bring an important dimension to promote the work of safeguarding voice and act as a conduit to communication with local communities". The Board was in agreement and, approached Cllr Musarrat Khan to sit on the Board. She sits on the Board as a key member of the Health and Wellbeing Board. The Board welcomes her and looks forward to her involvement and contributions in the future.

Prior to appointment to Board, Cllr Khan, in her role as portfolio holder for Health and Social Care, received regular briefings around safeguarding performance, current safeguarding issues and challenges in Health and Social Care. She continues to receive a regular update report on key board activities and 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.

- **Encouraging links with frontline practitioners and the board so they can deliver stories and case examples**

The Board worked with Adult Social Care (ASC) colleagues to re-introduce the frontline practitioner forums for AS staff. The Adult Social Care forum is an opportunity for frontline staff in ASC to regularly meet to discuss areas of good practice, share learning, case examples and stories and it has been used as a platform for developing practice for areas of working identified as benefiting from improvement. The forums were successfully re-introduced after a period of absence and were welcomed and have all been very well attended by the frontline practitioners and managers.

- **Continuing to carry out engagement activities to improve our understanding and evidence of community awareness of safeguarding**

The Board's Engagement working group has involvement from our Lay member and Healthwatch Kirklees and is continuously looking at ways to improve community awareness of safeguarding. During Kirklees Safeguarding Week 2019 the Engagement group linked in with colleagues from Adult Social Care and jointly co-ordinated and participated in a successful partner event 'Keeping Adults Safe in Kirklees' to engage and seek views on safeguarding from members of the public as well as frontline staff across the health and social care sector. They were invited to answer 2 questions:

- 1) What does safeguarding mean to you?
- 2) What makes you feel safe?

The responses received were very similar and gave assurance that people understood the term 'Safeguarding' in respect of adults:

"Family feeling safe and looked after and able to live and feel safe"

"Having a body/procedures in place in order to protect the public and individuals"

"Looking after the vulnerable people and making sure they are able to be safe in our community and continue to live independently"

They were also asked about which of the Board's five Strategic Priorities meant the most to them. 59% stated Priority 2 'Ensure that they safeguard adults in a way that supports them in making choices and having control about how they want to live' was the most important priority to them both personally and where applicable in their working life.

The Board worked collaboratively with outreach colleagues in Kirklees Community Plus to ensure safeguarding information was reaching the communities. We focussed this year on disseminating 'hot topic' information and scams information via their outreach programme and

contacts in the community. The Board has built a valuable working partnership with Community Plus during Safeguarding Week since the inception of Safeguarding Week in 2016 and continue to work with them to great effect.

- **Continuing collaborative work to ensure people who self-neglect are appropriately supported**

A recent discretionary SAR (Safeguarding Adults Review) highlighted issues that arose due to a lack of clarity of the process to follow when an adult at risk is suspected of self-neglecting. The Board took these recommendations and worked to improved practice and protocol around self-neglect to initiate a rewrite of the self-neglect policy, which would include a practitioner toolkit.

This was a multi-agency collaboration from end to end to ensure it would fulfil its purpose of aiding frontline staff from any agency to work with a self-neglecting adult at risk. The policy was launched at the end of the year and will be reviewed through practice throughout the coming year as well as being tested against historical self-neglect SARs to judge effectiveness and ease of use and whether it would contribute to preventing future SAR instances of self-neglect.

And next?

- Continue to strengthen links and work closely with other strategic partnerships on themed areas including KSAB representation on the Child Sexual Exploitation Strategic Group
- Seek assurance from commissioners on their monitoring of safe care in commissioned services and work to improve the care market
- Systematically examine information to identify potential threats, risks, emerging issues and opportunities, beyond the safeguarding working agenda (Horizon scanning)
- Strengthen the link between strategy and practice and implement and support practitioner forums in a multi-agency format
- Continue to raise awareness and support early intervention and prevention through engagement with the Kirklees diverse community
- Continue to support Kirklees Safeguarding Week

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

We continue to work toward safeguarding practice being focused on outcomes and experience, not process. That people who have experienced harm are empowered. The Board recognises that Making Safeguarding Personal (MSP) is a golden thread running throughout safeguarding and is continuously working to support the improvement and embed MSP throughout practice.

Key achievements include:

- **Continuing to undertake audits and build intelligence/data that evidence that Making Safeguarding Personal (MSP) principles are being applied along with proportionate and timely response**

The Board's Quality & Performance (Q&P) subgroup purpose is to establish systems and processes for monitoring and evaluating the effectiveness of the inter-agency safeguarding processes for Safeguarding adults at risk of abuse and neglect. The subgroup compiles and analyses a quarterly integrated performance dashboard to identify any key themes, gaps, areas of failing performance enable the KSAB to understand the prevalence of abuse/ neglect, highlight themes and trends in safeguarding activity, and identify issues that need addressing in safeguarding. Making Safeguarding Personal forms part of the Board's quarterly data dashboard.

The Q&P subgroup has worked extensively to ensure that safeguarding arrangements are working effectively looking at timeliness of concerns taking account of the indicative timescales and any MSP conflicts. The Q&P subgroup sought assurance through in-depth audits to ascertain immediate safety was maintained from the start of the enquiry.

Further work was completed through the Adult Social Care (ASC) forum to share the audit findings and to ensure learning was embedded throughout the workforce. Through this collaborative work, it was established that further work to the MSP training package was required to ensure delegates were understanding the message delivered. This was completed and a first session was delivered and well received by delegates. However, the COVID-19 pandemic necessitated the programme to be redeveloped taking into account different ways of learning and delivery which will need to be addressed. Work is underway with this and once completed will be rolled out and to partners so they are able to share with colleagues in their services.

- **Further develop ways of gaining the views of people who have experienced abuse to ensure that support follows the principles of 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 Board values the views and stories of people who have experienced abuse to seek assurance that the work carried out during the year to improve practice and embed key MSP messages are effective and working. Healthwatch Kirklees has been commissioned to undertake work gaining the views of people who have experienced abuse to ensure that support follows the principles of Making Safeguarding Personal. The recording systems in the safeguarding concerns pathway have been reformed to enable consent to be sought for future contact with the person at the centre of the enquiry.

- **Seeking assurance that the recently revised procedures make a difference to people and result in them feeling safer**

Adult Social Care practitioner forums are used as a platform to enable shared learning looking at case studies and reflecting on practice. This has been a very useful exercise, however considering all the cases had multi-agency involvement it soon became apparent that the practitioner forums needed to be opened up to partners to ensure multi-agency learning and reflective practice is captured. Work is underway to initiate multi-agency practitioner forums.

And next?

- Continue to establish ways of improving, analysing and interrogating data on the Board's Data Dashboard. Use analysis as the basis for recommending the commissioning of targeted audits
- Continue to develop ways of gaining the views of people who have experienced abuse to ensure that support follows Making Safeguarding Personal principles
- Develop the process to enhance feedback from users following a section 42 enquiry as part of the MSP National Framework
- Continue to embed Making Safeguarding Personal including reviewing and refreshing MSP multi-agency training sessions principles
- Continue the work with established networks to meet the challenge to engage with diverse communities
- COVID-19: Seek proportionate assurance that local safeguarding arrangements and response is managed in line with national guidance and legislation
- COVID-19: Seek assurance around the impact of lockdown easing

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

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:

- **Continuing to contribute to the Kirklees wider prevention and early intervention work through participation in this work**

The Board has representation on local Strategic and Operational groups on Modern Slavery, Prevent, Hate Crime, Female Genital Mutilation, and Protecting People from Harm, Domestic Abuse and Contextual Safeguarding. The Independent Chair also attends the Kirklees CSE Gold Group.

Collaboration on the areas of linked agendas, bringing together Kirklees Safeguarding Children Partnership and Kirklees Communities Board.

- **Continuing with networking events as a key way of engaging and getting key messages to professionals across the partnership**

The Board has held 3 successful and well attended networking events this year;

Self-neglect event

This was a multi-agency event for frontline practitioners and managers which concentrated on how we can develop a more effective multi-agency approach to working with people who are suspected of self-neglecting. The recent non-statutory SAR in relation to a self-neglect case was a focal point which highlighted good practice

‘Smiling Matters’ - Revisiting the principles of Dignity in Care and what it means for practice.

The event agenda included items such as Promoting Dignity through meaningful activities in a Dementia Care Home and Dignity, compassion and respect - Embracing a person centred approach for patients with cognitive impairment in the acute hospital setting. The event was fully booked and well received by all in attendance.

Light Out of Dark: Learning from experience and practice arising from SARs, SCR and DHRs

Kirklees Safeguarding Adults Board in conjunction with Kirklees Safeguarding Children Partnership (KSCP) and Kirklees Council facilitated an event which welcomed speakers from the partnerships to talk about the importance of learning from and sharing good practice in all Safeguarding Reviews, how to make a referral to request consideration of a review and group exercise on observational

techniques to highlight how to look wider than the information that is presented.

- **Continuing to engage with the community and implement the Communication and Engagement Strategy to raise awareness and support prevention**

In previous years, KSAB carried out extensive research into social media practices of Safeguarding Adults Boards nationally and the merits of using a variety of platforms, linking in with Healthwatch to seek their views and advice in relation to their experience. The resulting report presented all findings to the Board which concluded that because SABs are an umbrella for the partner agencies who work together to safeguard Adults, SABs do not need their own social media accounts but instead should tap into pre-existing groups/sites.

This year, the Board revisited the topic of Social Media and made the decision to trial a Twitter account. This was based on valuable arguments in favour of social media put to the Board by new Board members. The account is in its infancy and the SDG continue to monitor its use and effectiveness for the Board.

- **Refreshing the self-neglect protocol and include a practitioner toolkit**

The Board recognised the self-neglect policy needed revision and the new policy was relaunched this year. At the time of rewriting, the SAR subgroup commissioned a discretionary SAR to look at key learning points in a case of a gentleman who was self-neglecting and sadly died.

The report made several recommendations in relation to areas of the policy, which had failed the gentleman. This was taken into consideration alongside the ADASS Yorkshire & Humber set of principles to support practice and strategic overview. This was a multi-agency collaboration from end to end to ensure it would fulfil its purpose of aiding frontline staff from any agency to work with a self-neglecting adult at risk. The policy was launched at the end of the year and will be reviewed through practice throughout the coming year as well as being tested against historical self-neglect SARs to judge effectiveness and ease of use and whether it would contribute to preventing future SAR instances of self-neglect.

- **Improved the Safeguarding Adult Review Framework**

The Board has continued to give high profile to work on preventing abuse and neglect. By developing a series of strategies to prevent abuse or neglect, and by supporting a number of initiatives, including learning from Safeguarding Adults Reviews, we aim to improve the quality of care and prevent safeguarding issues arising in the first place.

When an adult who needs care and support either dies or suffers serious harm, and when abuse or neglect is thought to have been a

factor, Kirklees Safeguarding Adults Board needs to undertake a Safeguarding Adults Review.

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

The KSAB Safeguarding Adults Review Framework sets out the criteria for when KSAB must or may commission a SAR; a menu of options for conducting SARs, guidance on how adults at risk and their families and staff involved will be supported in SARs; how learning from our SARs and from other SARs nationally will be acted on in Kirklees. In the interest of keeping information current and relevant, the SAR subgroup conducted and completed a full review of the SAR Framework and associated processes.

And next?

- Continue to strengthen partnership and collaborative working across the board
- Continue with networking events as a key way of engaging and getting key messages to professionals across the partnership
- Evaluate effectiveness of improved Safeguarding Adults Review Framework and ensure processes remain effective
- Develop methods of sharing and embedding learning from Safeguarding Adults Reviews
- Review hoarding protocol ensuring effectiveness and efficiency of system processes
- Implement/review and embed Self-neglect protocol introducing Risk Escalation Conference

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

The Board considers multi-agency workforce development key to ensuring learning is relevant to enabling partners to provide the necessary assurance that adults at risk are being safeguarded. The Board will use traditional network events as well as information from its Learning and Development subgroup to ensure learning and development and specialist training needs are met.

Key achievements include:

- **Continuing to develop methods of sharing and embedding learning from Safeguarding Adults Reviews (SARs)**

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. During 2019-20 the Board was involved in a review concerning a 46 year old White British man with learning disabilities and other complex medical conditions (Adult K). The review was carried out using methodology used for Learning Disability and Mortality Reviews.

As the gentleman had learning disabilities a review was initiated in 2017 on the Learning Disability and Mortality Review (LeDeR) Programme instituted by NHS England and delivered through local reviews coordinated by Clinical Commissioning Groups (CCGs) The overall aim of the LeDeR Programme is to drive improvement in the quality of health and social care services delivery and to help reduce premature mortality and health inequalities. All deaths of people with learning disabilities aged 4 years and over are reviewed. The purpose of reviewing deaths is to identify if there are any potentially avoidable contributory factors associated with the deaths of people with learning disabilities. As part of each review, an action plan is developed to take forward any improvements.

A trained LeDeR reviewer undertook the review. It was agreed by the Kirklees Safeguarding Adults Review (SAR) subgroup that as a LeDeR review had commenced it would seek to utilise any learning from the review. The Review concluded that there had been a lot of positive partnership working in caring for the man and that the caring work had been very focused on supporting him to give the best care possible.

The KSAB 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 has included 'sharing and embedding learning from SARs' as a standing agenda item across all the Board's subgroups.

A member of the SAR Subgroup continues to be a champion on the National SAR library.

- **Continuing to embed Making Safeguarding Personal (MSP)**
The Board, through working with the Adult Social Care forum established that there is still a need to continue with this piece of work. The Chair of the Learning & Development subgroup continues to work with the Board to develop and enhance the current MSP learning offering to respond to the ask of the Q&P subgroup to reduce the anomalies in MSP figures.
- **Sign off and implement a tool to evaluate the effectiveness of the Multi-Agency Learning and Improvement Framework**
This evaluation tool serves as a guide to aid partners evaluate effectiveness of multi-agency learning provided across adult health and social care in safeguarding. Each year, the Board conducts a Challenge Event seeking assurance from partners of effective service delivery across a number of themed areas, including workforce learning and development. The Board recognises there are other tools and monitoring systems which partners use, so the purpose of this toolkit is to act as a supplementary guide to help partners in answering challenge event questions. The tool is based on the Bournemouth Competency model and work is being carried out to align it with the NHS intercollegiate document to assist health partners.
- **Develop innovative ways of delivering multi-agency learning**
The Learning and Development subgroup continuously looks at ways to improve delivery of multi-agency learning and seeks feedback from learning session attendees and network event delegates for innovative ways to continue delivery of future sessions.

Sessions development has been rapidly re-imagined since the advent of the COVID-19 pandemic. Work that is being carried out on behalf of the Board to ensure learning and development continues whilst we do not have classroom based learning sessions during the COVID-19 pandemic:

- Looking at how we can deliver online training using Microsoft teams and exploring its functionality to ensure participants receive good quality, interactive learning experiences
- Re-designing the Safeguarding Adults Basic Awareness session to deliver it via Microsoft Teams

- Working with the trainer who delivers the Safeguarding Adults Enquiry Officer training to deliver learning sessions via Skype
- Updating the Safeguarding Basic Awareness Workbook
- Developing a Safeguarding Basic Awareness power point presentation with audio
- Meeting with the Adult Social Care Safeguarding Senior Consultants to develop the Safeguarding Concerns Manager learning event via Microsoft Teams
- Updating the Making Safeguarding Personal (MSP) learning session and developing a workbook and a power point presentation with audio.

The Kirklees Learning & Organisational Development Team are developing a variety of learning materials to provide a blended learning approach particularly for staff who do not have access to laptops to take part in Microsoft Teams sessions.

And next?

- Develop innovative ways of delivering multi-agency learning looking at a blended approach to learning
- Re-energise 'See Me and Care Campaign' and the 'Dignity in Care' work streams
- Continue to develop methods of sharing and embedding learning from Safeguarding Adults Reviews
- Develop a Learning & Development Strategy ensuring it is representative of the multi-agency approach to learning and development
- Produce a Learning and Development Plan on Annual Basis
- Continue to support with professional development

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

The annual KSAB Challenge event was reintroduced this year following a break due to the Board commissioning a Peer Challenge in 2018-2019 to gain assurances of the effectiveness of our partners safeguarding arrangements. The Board continues to analyse data in relation to concerns so we are able to increase our understanding of the prevalence of abuse and neglect. We also carry out targeted audits following analysis of the data.

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:

- **Continuing 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**

The Board's dashboard is a way of analysing data to ensure that the Board are measuring and assuring themselves that partners are responding appropriately to safeguarding concerns. The Q&P subgroup is developing new ways of gathering health data to supplement Adult Social Care data to ensure a richer picture of information is presented and responded to by all partner agencies. Q&P subgroup is developing links with the CHESP (Care Home Early Support and Prevention) group to gather meaningful data and is in conversation with West Yorkshire Police to triangulate information which can supplement the Board's current dashboard data.

- **Continuing to gain assurances of partners safeguarding arrangements and improvement Plans**

This year the Board Challenge Event was led by the Independent Chair and supported by the Board's Lay member. At this event Board members are asked to account for performance in their own agencies. Each year there is a themed focus and this year there was a focus on Workforce Learning and Development.

All members of the Board were asked to complete a self-assessment tool and this formed the basis of the challenge event undertaken in February.

The partner responses to the self-assessment questionnaires this year were once again comprehensive and of a very high standard. They were honest, transparent and thorough. They all included both achievements and suggestions for improvement. This enabled a good foundation for the panel to engage in a valuable and productive conversation with the partners.

The overriding response that came out through the challenge sessions was that all partners felt that as a partnership, we work effectively

together. There were three main themes that emerged for us to work on and take forward:

1. A shift in focus towards more joint workforce development and learning opportunities
2. A continued focus on prevention of harm and neglect and hence improve outcomes for individuals
3. Continue to work collaboratively on addressing service gaps for vulnerable adults.

- **Continuing to use the analysis of data as the basis for recommending the commissioning of targeted audits**

The KSAB Safeguarding Adults approach to developing its audit programme is to enable the board to check that safeguarding arrangements have been effective and are delivering the outcomes that people want. The Audit Programme is an integral mechanism by which the board gains assurance across the partnership of the effectiveness of safeguarding work in Kirklees. Audit outcomes can then be used to demonstrate the insight and learning gained from the entire safeguarding process and most importantly support agencies to take an appropriate targeted remedial response as required.

The Board's audit programme is a rolling programme of audits, which each statutory partner contributes to. However, the COVID-19 pandemic has necessarily meant the board needs to re-evaluate audit activities across partnership; gaining both quantitative and qualitative data sets with additional soft intelligence to perform a deeper dive within a revised thematic focus. This will help the partnership to identify the effectiveness of the present safeguarding arrangements and develop what lessons can be learnt through this unprecedented time.

The Safeguarding Audit Programme will always look at interlinked key areas:

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

And next?

- Complete a Challenge event to provide assurance of the effectiveness of partners safeguarding arrangements
- Continue to improve 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
- Ensure a strong link between data and operational activity and performance. This is strengthened when the narrative alongside the data is provided by the organisational service delivery management teams.

- Continue to seek assurance from commissioners on their monitoring of safe care in commissioned services and work to improve the care market
- COVID-19: Develop and utilise a risk register to work with partners to identify and mitigate areas of risk

Agency Achievements

Kirklees Adults Social Care

Protecting vulnerable residents is a key objective of the council and safeguarding adults a core statutory duty.

Safeguarding concerns at the point of contact continue to be dealt with in a timely manner. With all team members prioritising the 'adults at risk' and addressing immediate safety concerns.

We are continuing to embed Making Safeguarding Personal throughout the safeguarding journey of the adult at risk or their representatives. We continue to ensure their preferred outcomes are clear to all.

Whilst performance data indicates that some cases are held longer at initial stages this is to ensure a robust personalised approach to an individual Safeguarding Concern. In working through this approach, we have avoided unnecessary handoffs for the most complex and sensitive cases resulting in a better experience for the adult at risk during a difficult period of time.

A Risk Management Tool categorising the level of risk has been introduced to monitor the levels of risk for unallocated cases across the community hubs. The risk tool includes contacting the adult at risk and relevant agencies to ensure any immediate risks are mitigated. The Senior Safeguarding Consultants (SSC) complete the risk tool and continue to support the community hubs with Adult Safeguarding work.

There continues to be SSC representatives from Adult Social Care supporting with linked agendas including Modern-Day Slavery, Prevent and Honour based Violence. Safeguarding SSC's have worked alongside Safer Kirklees to produce the new referral process and the guidance document for Modern Slavery.

The SSCs have worked with Children's Services in a cross-service learning group to improve practice for care leavers, many who are vulnerable and at the risk of abuse and who at the age of 18 transfer to Adult Services. They have designed a new pro-forma to support the community hubs and external agencies to ensure the correct and required information is detailed in the internal investigations.

New students and newly qualified Social Workers joining Kirklees Adult Social Care benefit from a Safeguarding presentation as part of their induction. The SSCs have maintained links with Huddersfield University by completing presentations to students as part of our Partnership. They have gained positive feedback from the students and the event's organiser. They have contributed to 'Safeguarding Week' and a successful safeguarding event held at the Global Diversity Café for the public. Staff have been proactive in ensuring continued personal development and accessed on-line training as relevant.

Reflective Debrief Meetings have continued to be considered a priority to support shared learning across Gateway to care and the community hubs. This has supported the teams to adapt to new ways of working and partner agencies have been invited to share learning at the meetings.

Adult Social Care continued to support Multi-Agency Risk Assessment Conferences (MARAC) and have a representative attending and providing intelligence relating to very 'high risk' domestic violence cases.

Adult Social Care is represented daily in the DRAMM (Daily Risk Assessment Management Meeting), this continues to support the high risk Domestic Abuse cases received in a 24 hour period, including those without Recourse to Public funds.

Moving forward the immediate safety of the adults we support will continue to be the priority across ASC. This will include close monitoring and escalation when required. The team are confident that they will meet future challenges using their expertise in identifying, analysing, and managing risk.

The community hubs have continued to manage and coordinate the Self-Neglect Multi-Agency Meetings to enable effective risk management across the systems with partner agencies.

Adult Social Care has continued to work closely and build up relationships with partner agencies such as Care Home Early Support and Prevention (CHESP). We have contributed to meetings in addition to CHESP to support care homes deemed 'high risk'. The sharing of relevant information across Adult Social Care has had a positive impact on carrying out our statutory duties relating to Section 42 enquires.

Kirklees Council receives approximately 1,200 safeguarding referrals per year from registered care homes through Gateway to Care. Because of this, safeguarding concerns in care homes are now reported using a guided online form and care homes have been integral to the co-production and testing of our innovative solution.

How it works and the benefits

Creating an account, people reporting a concern are able to view all concerns reported, which better meets the Care Quality Commission requirements and saves on duplication. It enables the person to track the progress of a report which is available in a printable version if required.

The form is available 24 hours a day, so care homes can report concerns at a time convenient to them and when demands on care staff time are less rather than having to ring the contact centre during their opening hours.

Uniquely, the new online system provides the user with multiple options and generates relevant questions and follow up questions dependant on the situation being disclosed. This provides an opportunity for them to provide clean unambiguous information, bespoke to each case, which enables a suitable and timely decision to be made.

We have built in prompts, information and links to key policies and documents e.g. the Adult Safeguarding Policy and Mental Capacity Act (2005). This is a great additional benefit as the solution educates the user if there are any gaps in knowledge and reassures the council on certain elements such as capacity and consent. For example, the form asks if the adult at risk's immediate safety is secured and if not advises them to contact appropriate agencies such as the Police or Ambulance. This subtle education will also help to reduce unnecessary referrals being made and signpost to alternative procedures.

It further promotes Making Safeguarding Personal by ensuring that the adult at risk or their representative have had an opportunity to express their views, wishes and desired outcomes.

The form integrates with the council's adult social care system, so it can pull information from the IT Platform onto the client's care record.

Initial analysis of the use of the new reporting tool, demonstrated that on average we have achieved a 50% reduction in the time spent on each referral.

122 out of 139 care homes signed up for a Partner Account, providing an 88% take up rate within 12 weeks of the guided online reporting form launch.

Anonymous referrals raised by CQC are dealt with by the SSC's using skills and knowledge to analyse risk and liaising with other agencies to determine what the safeguarding, quality and monitoring issues are. This information is then recorded on the Adult Social Care Early Warning Indicator form that all partner agencies have access to electronically to raise quality and performance issues.

We continue to work and communicate to promote the use of the form with new care homes and new care home managers who come into post and to also improve information inputted to maintain the maximum efficiencies and benefits.

Corporate Safeguarding

With the Council investing in additional place/community based capacity across Kirklees through the Place Based work led out by Elected Members, thus enhancing the community based 'eyes and ears', the proposal to accelerate the work on Council Wide Safeguarding in response was well received by the Council's Exec Team. The Exec Team and Cabinet endorsed the introduction of the Corporate Safeguarding Policy, which acts as an overarching policy framework and highlights the whole Council's commitment to safeguarding.

Phase 1 of the Corporate Safeguarding Action Plan was implemented during Q4 2019/2020 with a view to supporting the wider dispersed workforce with the key required messages around safeguarding, this includes:

- Dedicated intranet and council internet presence on safeguarding.
- Key comms messages to be circulated to staff using the 'safeguarding is everyone's business' branding.
- Set of simple '7-minute briefings' developed in response to a range of safeguarding themes including Domestic Abuse, Modern Day Slavery, Safeguarding Adults and Safeguarding Children etc.
- Simple video highlighting the range of abuse and neglect that can take place, the impact this has on vulnerable people, the signs to look out for and who to contact.

Domestic Abuse

The Domestic Abuse Strategic Partnership has worked to produce the new three-year Domestic Abuse Strategy for Kirklees which was published in September 2019. The strategy adopts an innovative model used by the national charity, Safe Lives and sets out a partnership vision and key priority areas which are being progressed through a robust action plan. In addition to this, a set of partnership capabilities were agreed to ensure that the vision could be achieved. The strategy can be found here: <https://www.kirklees.gov.uk/beta/domestic-abuse/pdf/domestic-abuse-strategy.pdf>

Deprivation of Liberty Safeguards (DoLS)

Adult Social Care were able to invest additional resources into our DoLS work by using an agency to complete some additional assessments from September 2019 and this contract will cease at the end of September 2020.

Our MCA Lead liaises regularly with all 94 DoLS Assessors to ensure they have up to date guidance in relation to new case law, good practice and to support their wellbeing.

The Council continues to run a monthly forum for Best Interest Assessors, we also continue to invest and have 10 BIA's attending the regional DoLS Conferences held quarterly.

DoLS Assessors continue to share concerns appropriately as they identify issues raised in the assessments and to ensure that these issues are shared with relevant partner agencies such as CCG. Dols Team continue to have regular Bi-Monthly meetings with Kirklees legal team to update on Objections and cases in the court arena.

The CCG has continued to attend and support the work of the Kirklees the Safeguarding Adults Board and its subgroups. This has included continuing to chair and participate in the Strategic Delivery Group, be deputy Chair of the SAR subgroup and attend and engage in the work of the other subgroups including the Quality & Performance subgroup and the Learning & Development subgroup.

The CCG continues to chair and 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.

The CCG Head of Nursing and Safeguarding supported the set-up and now chairs the West Yorkshire and Harrogate Partnership (Integrated Care System) meeting of the CCG Designated Safeguarding Professionals. The group aims to support the commissioning work of the partnership to help to deliver safeguarding as the golden thread within all its work. Alongside this the group share learning from local cases and work together on relevant projects on the 'do once and share' principle.

An internal audit was undertaken within the CCG at the beginning of 2020, to identify and provide assurance that the CCG is meeting the requirement of the NHS England published Safeguarding Accountability and Assurance Framework (SAAF) (2019). The report delivered high assurance that the CCG is compliant and delivering on required responsibilities.

As commissioners of health care, the CCG continues 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 as well as oversight of any Serious Incidents within the organisations that may have safeguarding adults concerns.

The CCG continues to monitor and seek assurance from main commissioned health providers for delivery of their responsibilities for Prevent, part of the Governments anti-terrorism strategy.

The CCG Safeguarding Team continue to provide support, safeguarding advice and safeguarding updates to commissioned GP Providers, being a supportive conduit to GP's to ensure that key messages from the work of the Board (including any learning from significant safeguarding cases) is shared with all GPs.

The CCG has also continued to facilitate bi-annual meetings for Safeguarding Leads in GP Practices which aim to provide supportive advice to the GP leads, offers an opportunity for GP's to discuss and raise any questions or concerns they have on safeguarding issues and to deliver training on different safeguarding subjects.

In July 2019 working with guest colleagues from other agencies delivered a bespoke safeguarding children and adults training afternoon for GP's on the subjects of: self-neglect and hoarding, criminal exploitation (including Modern Day Slavery, Gangs and County lines) contextual safeguarding.

The CCG has 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. But alongside this the Head of Safeguarding set-up and chairs a local group to begin preparations for implementation of the new Liberty Protections Safeguards legislation. The aim being that a shared approach across health and social care to implementation is delivered. The group was put on hold due to the COVID-19 pandemic but will recommence via virtual processes in the coming year. At the start of the COVID-19 Pandemic the CCG identified Safeguarding work as business critical and continued to prioritise the safeguarding work, support and advice within the CCG Business Continuity plans. Whilst new virtual approaches to delivering the core work was undertaken, the CCG continued to support and deliver on all its safeguarding responsibilities, including attending and supporting the critical meetings and work of KSAB.

Recruitment and training of staff in all Safeguarding arenas continues to increase with a number of staff attending specialist courses and becoming accredited Detectives. Development and upskilling of all officers in Kirklees District continues across all avenues of safeguarding to provide the best level of support and investigation for victims of crime.

Our understanding of quality and performance across the safeguarding departments in relation to sexual abuse and exploitation continues to be strengthened through reviews by Detective Inspectors and increased Crown Prosecution Service Involvement as well as partner engagement to ensure victim engagement is maintained and convictions secured.

Bespoke training and guidance provided to all safeguarding teams around fraud by the West Yorkshire Financial Exploitation and Abuse of Vulnerable People team. Joint team between Economic Crime Unit and Trading Standards. This training is being used to support and guide all officers in Kirklees in relation to Fraud with vulnerable victims.

Adult safeguarding Detective Inspector (DI) continues to be district lead on Modern Slavery / Human Trafficking. Strategic and Operational groups continue to meet quarterly; excellent working relationship with Safer Kirklees continues. Pro-active multi-agency operations continue to take place to act on intelligence received relating to Modern Slavery.

Modern Slavery training for communities being provided by Safer Kirklees and Neighbourhood Policing Teams to increase awareness and intelligence reporting of any Modern Slavery/ Human Trafficking.

National Modern Slavery Investigator training completed by a number of officers within safeguarding – to act as single points of contact for advice and support surrounding Modern Slavery investigations.

Increased Modern Slavery investigation activity by utilising the skills and specialist staff of Regional and Organised Crime Units.

Training and guidance provided for all officers within Kirklees District in relation to Adult at Risk classification and referral process. There has been a significant increase in adult at risk flagging and referrals. Increased training for Neighbourhood Policing Teams to recognise signs of exploitation relation to modern slavery or 'Cuckooing'.

Contact pathways clearly defined between WYP safeguarding departments, Adult Social Care and Calderdale and Huddersfield NHS Foundation Trust for adult at risk flagging and referrals and Adult MASH capacity being reviewed.

Bi-Monthly Independent Sexual Violence Advocate (ISVA) meeting has been created to improve communication and awareness for all officers and ensure victims are provided with the bespoke support.

Increase in awareness across all safeguarding departments of safeguarding adult reviews (SARs) which has led to increase in referrals.

Detective Sergeants appointed to all teams within Domestic Abuse Team (DAT) and benefits already being seen to development of investigative capability and support for victims through partnership working from IDVAs.

Continued development of working relationship with Locala community partnership and support of specialist outreach workers with assistance of Neighbourhood Policing Teams.

Forced marriage and FGM awareness and training continues throughout the safeguarding departments and uniformed officers within Kirklees District.

CHFT's safeguarding team have continued throughout the year to develop and share learning and resources to staff in the form of 7-minutes briefings across a range of subjects; these are disseminated widely to enable and support staff to keep up to date with the safeguarding agenda. As a team we send out a monthly newsletter to share updates from our multi-agency partners and Safeguarding Boards. We have developed a network of safeguarding champions across the Trust to support with this.

The Safeguarding team adapted to the changes brought on by COVID-19 and continued to meet its statutory responsibilities in relation to Safeguarding Adults and Children. At the end of March 20 and to support the continuation of safeguarding training throughout the COVID period where face to face training was discontinued, we made our training packages available to staff. E-Learning training has continued to be available for staff who are required to complete this. Our safeguarding training compliance was above our Trust target of 90% at the end of March 20. Technology and virtual meetings have meant that we continue to be involved in both internal and external partnership and Board meetings across the District. We disseminated presentations and key messages during COVID and implemented a dedicated COVID-19 Intranet page in our safeguarding pages.

In relation to meeting our statutory responsibilities regarding Prevent we have reviewed our Prevent Policy and maintained an above 90% compliance with Prevent training. Other policies that we have reviewed and updated include the Safeguarding Adults Policy and the Allegations Management Policy. Our Tissue viability service have developed a new Operational Policy which includes guidance in relation to referring patients with any safeguarding concerns.

Our Safeguarding Operational team which reports to our Safeguarding Committee meeting within the Trust has oversight of our Safeguarding Audit programme that is delivers a planned programme of audit activity that meets the requirements for assurance and brings tangible benefits enabling delivery of safeguarding responsibilities.

The safeguarding team have been involved in Local Implementation meetings throughout the year in relation to Liberty Protection safeguards and attended LIN meetings to keep abreast of any changes. These were suspended during the peak to the COVID Pandemic and the now the delayed implementation to 2022 they have not yet re-commenced.

The safeguarding team supported the June 2019 safeguarding week. To promote this; internally we presented display Boards in key central areas to the staff and public to access. CHFT adopted the THINK LD CAMPAIGN approach and had given out badges and posters during learning disability week in June 2019; we have signed up to take part in the first phase of the Royal Mencap's Treat Me Well campaign.

MCA/DoLS and Mental Health training has been written into the annual training for midwives which is delivered by The Named safeguarding Midwife. We have established a Mental Health Operational Group involving SWYPFT partners in the Trust and deliver bespoke training to our staff regarding Receipt and Scrutiny training virtually.

The Safeguarding team have developed a Safeguarding Strategy for 2020-2022 that incorporates not only our Trust vision and values but our partnership responsibilities. This describes our CHFT safeguarding pledge and how we will deliver this through the safeguarding principles.

The South West Yorkshire Partnership NHS Foundation Trust (SYYPFT) continues to support the safeguarding agenda. The Safeguarding Team have developed a range of resources to further enable practitioners to continue to safeguard children, young people and adults within the Kirklees locality.

The Trust Safeguarding Adults Team, in collaboration with the learning and development team, have revised the training to ensure that the level of training is aligned with the competency levels identified in the 'Safeguarding Adults Intercollegiate Document; Adult Safeguarding: Roles and Competencies for Health Care Staff' (2018) and the 'UK Core Skills Training Framework Statutory/Mandatory Subject Guide Version Statutory/Mandatory Subject Guide Version: CSTF (England) v1.0 January 2020 For NHS Trusts in England.

To further support the level 3 competencies and quality of documentation a safeguarding documentation toolkit was developed, inclusive of referral information risk assessments and prompts to ensure practitioners have the thread of Making Safeguarding Personal throughout all decision making.

A Modern Slavery / Human Trafficking workbook has also been developed and is accessible to practitioners to support and guide with decision making and it complements face to face learning to bolster learning to enable compliance with level 3.

Previously there have been two levels of mandatory Safeguarding Adults Training; level 1 was for staff who did not work directly with service users and level 2 for staff who worked directly with service users. The changes in training include an extra level of training for Registered Practitioners who may be more involved in the safeguarding process (level 3). Level 3 – for all registered healthcare staff who engage in assessing, planning intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role) (3 hours face to face training and additional 5 hours - through for example: safeguarding supervision, link forum, involvement with safeguarding cases, conferences, reading of safeguarding newsletter etc.

SWYPFT held its annual Safeguarding Conference at the start of 2020. There were presentations from the Police, Fire Service, and Safeguarding Boards alongside internal representatives presenting on key initiatives around sexual safety, harmful sexual behaviour and freedom to speak up. This was well received and positively evaluated.

The Trust also committed to West Yorkshire safeguarding week and supported this through the dissemination of safeguarding training promotion and materials and through the offer of the domestic abuse training.

SWYPFT also supported the White Ribbon Campaign through publicity on twitter and through internal communications, and now have a White Ribbon Ambassador, although the scope was widened to include the stance against violence towards anyone regardless of gender, age or sexuality. The training for the Domestic Abuse (West Yorkshire Quality Mark) continues to be offered throughout the organisation.

The Adult Safeguarding Team support the practitioners through Link Practitioner meetings which are open to other disciplines such as the local authority safeguarding representatives who do attend. The Link Practitioner meetings are a format through which external speakers and learning from Safeguarding Adult Reviews, Child Safeguarding Practice Reviews and Domestic Homicide Reviews can be disseminated widely.

COVID-19: From March 2020 SWYPFT changed the way it worked and adapted to meet new challenges posed by the COVID-19 pandemic, based on the business continuity plans in place for all parts of the organisation, including operational delivery. This has ensured that the organisation

has continued to meet its statutory requirements and continue to deliver safe, effective and timely services to adults, children, young people and their families.

Safeguarding face to face training had been suspended in line with COVID-19 guidance; this is now delivered through a blended approach through e-learning training, workbook and a virtual training programme that commenced on the 10th July 2020.

To support the continuation of services - systems have been put in place for clinical staff, to work from home – this includes staff having access to virtual meeting processes and extra mobile phones for clinical staff. Additionally, the use of a variety of digital platforms for digital consultations has enabled the new norm, business as usual, to support adults, children, young people and families.

During 2019/20 the Complex Needs team was created under the umbrella of the Trust's Safeguarding provision. In the previous year (2018/19) the role of the Lead Nurse for Learning Disabilities had expanded to include Autism, and in August 2019 a Delirium Educator joined the Safeguarding Team followed by the transfer of the Dementia Team (one Lead Nurse and two Support Workers) to Safeguarding in November 2019. In January, the three "complexities" were brought together to form the Complex Needs team under the leadership of a Complex Needs Matron. The Complex Needs Matron is still progressing autism accreditation with the National Autistic Society (NAS).

At the end of March 2020 all Safeguarding training topics (including Safeguarding Adults, MCA and PREVENT) were at or above the Trust targets of 95% for Core topics (Level 1 for all staff) and 85% for Role Specific topics (Levels 2 and 3). This was the first time that full compliance had been achieved across all topics in many years.

Following the introduction of Safeguarding Adults Level 3 training in 2018/19 in response to the new Intercollegiate Document published by the RCN, the programme has evaluated well and a national e-learning package is now available on the National Learning Management System as an alternative option.

During 2019/20 preparations continued for the planned introduction of Liberty Protection Safeguards (LPS) in October 2020, and Safeguarding Team representatives met regularly with colleagues at SWYPFT, Wakefield CCG and Wakefield Council under a Wakefield Local Implementation Network (LIN). (Kirklees CCGs and Kirklees Council representatives established a similar forum which had the intention to invite providers when timeframes for the introduction of LPS were firmed up)
NB. LPS has now been delayed until April 2022.

The Safeguarding Adult Team has continued to work with Local Authority colleagues in the West Yorkshire area to maintain compliance with the Deprivation of Liberty Safeguards (DOLS) requirements which will be replaced by LPS in April 2022.

Starting in January 2019 the Safeguarding team were instrumental in pulling together Trust colleagues to draft the mental health strategy for the Trust for the next two years, entitled "Striving for Excellence in Mental Health" which was published in September 2019. This Strategy sets out the Trust's commitment and high-level actions it is taking to deliver a more integrated approach to the physical and mental health needs of our patients. It is doing this by focussing on six priority areas, Developing integrated systems and pathways, Education and training of staff, providing a safe care environment, Partnerships and robust governance, Patient experience and engagement, and by fostering a Mental Health aware culture.

June 2019 saw the publication and launch of the Trust's Forced Marriage Policy written by members of the Trust Safeguarding Team. This issue of Forced Marriage, along with the wider area of domestic abuse issues, continues to be disclosed by people who use the Trust's services and the Safeguarding Team continue to support and advise staff in how to signpost people to appropriate services. This is likely to be one of the major areas of focus for 2020/21 with the Domestic Abuse Bill currently progressing through HM Parliament.

We continue with our consistency of approach to safeguarding, across Housing Services teams and KNH colleagues managing the council's social housing tenancies, to ensure that safeguarding is reflected in day to day operations

Development of our work with partners around 'people living chaotic lifestyles', to identify gaps and explore opportunities to better support vulnerable individuals in our communities

Participation in the council's corporate safeguarding oversight group (CSOG) and contributing to the further development of the CSOG Action Plan

Review of the role of the housing safeguarding champion across KC Housing Services and KNH, exploring with CSOG how this approach can be enhanced and embedded more widely across other areas of the council's activities

Ensuring the continuity of a clear focus on safeguarding is maintained through arrangements with KNH at Head of Service level, following some key changes in personnel

A series of short briefings are being prepared and shared with staff across the council's Housing Services, KNH and Pinnacle, as part of the 'Housing and Safeguarding' toolkit. The briefings highlight aspects of safeguarding not typically covered elsewhere and use housing related examples which help to bring learning to life for our staff

Self-Neglect refresher training facilitated with housing safeguarding champions, using SCIE resources, with follow on learning opportunities for housing staff identified

The Safeguarding Adults Review (SAR) sub group is being supported by the Housing Services representative as the SAR "champion" to consider the SCIE Quality Markers as part of any new safeguarding reviews

Embracing opportunities to work more widely as part of a preventative approach to safeguarding. These include;

- Whole family approach and working closer with the Stronger Families programme
- Representation at the Dementia Forum
- Housing's input into the Palliative Care pathway in place
- Involvement in self-neglect learning
- Dedicated team and resources working on an outreach basis with rough sleepers in Kirklees, including working across a strong multi agency partnership
- Supporting the council wide focus on addressing Loneliness and Poverty

Locala Community Partnerships

Completed review of the Safeguarding Adults at Risk Policy to ensure it meets with current legislative and local policy and procedural requirements. The policy clearly articulates safeguarding responsibilities for colleagues at all levels.

Continued to establish the Locala Safeguarding and Sexual health operational meetings with increased engagement of adult services to firmly place safeguarding on their agenda. Amended the Adult Safeguarding templates within SystemOne in collaboration with operational colleagues with accompanying guidance disseminated to colleagues in response to learning from clinical audits and feedback from practitioners.

Developed and delivered safeguarding adult learning resources and packages in line with Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document (RCN, 2018) and achieved >90% compliance at all levels.

Introduced wider domestic abuse screening questions within sexual health services, rather than just abuse within intimate relationships, in response to audit findings.

Continued to attend and participate in KSAB meetings and KSAB subgroups Quality and Practice and Learning. Also participated in task and finish groups for multi-agency audit work.

Attended and participated in MARAC meetings and hoarding panels to contribute to multi agency assessment of risks and decision making

Participated in CHESP meetings and Locala colleagues have submitted 33 Early Indicator of concern forms have highlighted how Locala colleagues have engaged with a number of care homes to improve the quality of care when concerns have been identified through the establishment of regular meetings.

Developed and delivered 14 Mental Capacity Act bitesize training sessions to 158 colleagues to supplement mandatory training requirements to support colleagues to embed the principles of MCA in clinical practice and record keeping audits.

Awarded an overall organisational CQC rating of Good, as well as Good in every service line and domain.

Cascaded safeguarding learning and updates via the monthly virtual Safety Summit meeting and Quality Counts, the directorate newsletter.

As planned in response to learning from a number of fire-related incidents involving customers of Kirklees Council's Carephones Home Safety Service, a bespoke training programme was delivered to Carephones' fitters and call handlers to refresh identification of fire hazards, the Safe and Well referral process and to feed into improved communications and sharing of intelligence between services. This was developed with input from Carephones' Management Team and WYFRS' Control. In addition, Carephones attended four CPD sessions arranged for Kirklees District crews and Prevention staff to update them on care packages provided by the service and additional checks they can make during Safe and Well visits on behalf of the Carephones service.

A programme of WYFRS fire risk and partnership referral training sessions was scheduled throughout July 2019, January and February 2020 with priority places offered in Kirklees to frontline staff within Adult Social Care, KNH, SWYPFT and Locala CiC.

WYFRS Kirklees District hosted a partnership event in September 2019 to feed into an evaluation of the Safe and Well Prevention strategy and future targeted joint working planning moving forward.

A partnership paper prepared in response to a Kirklees District Fire Death Review was submitted to the KSAB to share lessons learned and actions initiated locally with key partners.

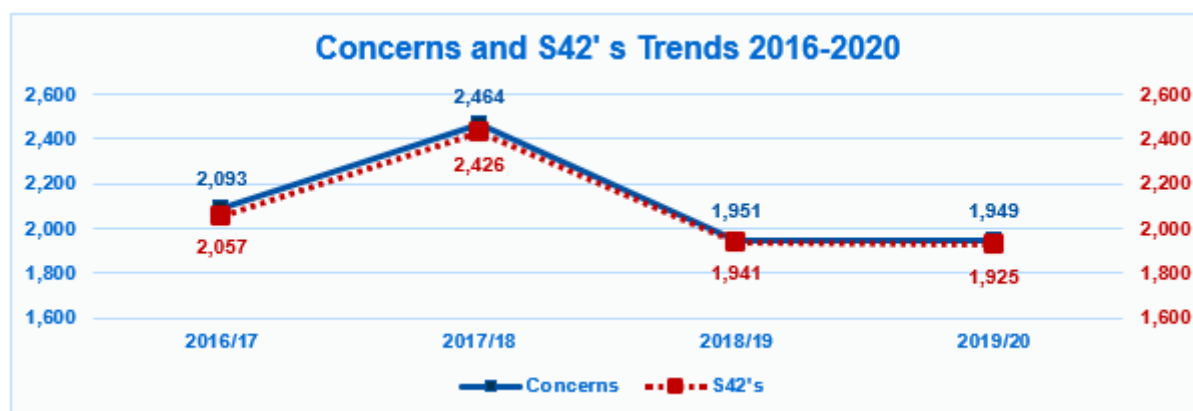
WYFRS Kirklees District registered as a supporter of the 'Looking out for our neighbours' winter campaign which launched in December 2019 and was coordinated by West Yorkshire and Harrogate Health and Care Partnership, supported by the Jo Cox Foundation. This involved mostly sharing social media messages working alongside Kirklees Council (including Community Plus), Locala CIC, NHS North Kirklees CCG and NHS Greater Huddersfield CCG to promote wider winter safety messages.

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.

Appendix 1 - Safeguarding and Deprivation of Liberty information

Please note: the figures in Appendix 1 are yet to be published by [NHS Digital](#)

Safeguarding concerns 2019/2020



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 concern 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

Ethnicity Profile

79% of concerns were in relation to those who have declared white as their ethnicity
21% of concerns were in relation to those who have declared other as their ethnicity

Age profile

33% of concerns were in relation to those aged under 65
67% of concerns were in relation to those aged 65 and over

Types of Abuse (concluded formal enquiries)

Neglect	40%
Physical	29%
Psychological	17%
Financial	8%

Gender profile

40% of the concerns were in relation to males
60% of the concerns were in relation to females

Location of where risk was identified

Care Home	60%
Own Home	27%
Hospital (All)	6%
Community Services	4%
Other	3%

Risk Outcomes

Risk Removed 13%

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

Risk Reduced 83%

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

Risk Remains 4%

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

No Further Action Taken under Safeguarding 0%

This will usually refer to those cases where the formal conclusion recorded was unfounded, there is insufficient evidence or the enquiry ceased at the individual's request

Deprivation of Liberty (Dols)

Number of Dols application by year

Date	Authorisation Granted	Not Granted	Total of 'Other'	Total
2017/18	1355	30	516	1901
2018/19	1351	33	596	1980
2019/20	1466	52	487	2005

Requests for Deprivation of Liberty authorisations received by the Local Authority continue to increase year on year.

DoLS by Gender

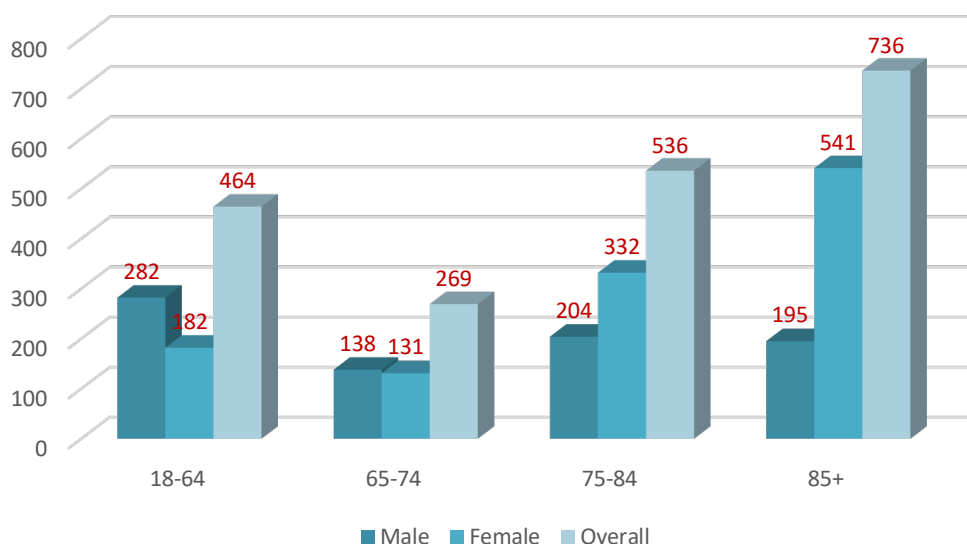
In the 18 to 64 age group, the overall total was 464. Of these, 282 were male and 182 were female.

In the 65 to 74 age group, the overall total was 269. Of these, 138 were male and 131 were female.

In the 75 to 84 age group, the overall total was 536. Of these, 204 were male and 332 were female.

In the 85+ age group, the overall total was 736. Of these, 195 were male and 541 were female.

DoLS by Gender



NB: 'Other' refers to requests that were either withdrawn due to change of circumstance or were requests awaiting sign off at the end of the reporting period.

Dols application by disability type

	Male	Female	Total
Physical: Hearing Impairment	7	5	12
Physical: Visual Impairment	6	12	18
Physical: Dual Sensory Loss	1	9	10
Physical: Other	70	48	118
Mental Health Needs: Dementia	251	589	840
Mental Health Needs: Other	79	122	201
Learning Disability	177	103	280
Other Disability	147	192	339
No Disability	81	106	187
	819	1186	2005

Appendix 2 – Strategic Plan Overview 2020-21

In line with the Board's responsibilities, functions and infrastructure and in line with the Board's priorities, the Board will:

- Continue to strengthen links and work closely with other strategic partnerships on themed areas
- Systematically examine information to identify potential threats, risks, emerging issues and opportunities, beyond the safeguarding working agenda. (Horizon scanning)
- Strengthen the link between strategy and practice and implement and support practitioner forums in a multi-agency format
- Continue with networking events as a way of engaging and disseminating key messages to professionals from across the system
- Continue to raise awareness and support early intervention and prevention through engagement with the Kirklees diverse community
- Develop methods of sharing and embedding learning from Safeguarding Adults Reviews
- Improve the Safeguarding Adults Review Framework and ensure processes remain effective
- Continue to establish ways of improving, analysing and interrogating data on the Board's Data Dashboard. Use analysis as the basis for recommending the commissioning of targeted audits
- Continue to develop ways of gaining the views of people who have experienced abuse to ensure that support follows Making Safeguarding Personal principles
- Implement / review and embed Self-neglect protocol introducing Risk Escalation Conference
- Review hoarding protocol ensuring effectiveness and efficiency of system processes
- Continue to ensure Making Safeguarding Personal principles are being applied in a proportionate and timely manner
- Re-energise 'See Me and Care Campaign' and the 'Dignity in Care' work streams
- COVID-19: Seek proportionate assurance that local safeguarding arrangements and response is managed in line with national guidance and legislation
- COVID-19: Seek assurance around the impact of lockdown easing.

Kirklees Safeguarding Adults Board (KSAB) – Our Vision

‘Individuals are able to live with their rights protected free from abuse and the fear of abuse’

Our Responsibilities are:

- Publish Strategic Plan
- Our 3-year ambition
- Publish Annual Report
- What we have done and our plans for next 12 months
- Commission Safeguarding Adults Reviews and oversee consequential improvement plans
- Seek and secure assurance of safeguarding practice and hold partners to account

Our Functions are 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 that they have a competent and able workforce
- Raise public awareness recognising the value local communities can play in prevention and early intervention

How we are organised:

- Jointly funded Board and Safeguarding Unit
- Independent Chair and Strategic Partnership Safeguarding Board supported by a Strategic Delivery Group infrastructure:
- Sub-groups:
- Training and Development
 - Safeguarding Adults Review
 - Quality and Performance

Strategic Priority 1

Provide strategic leadership and effective collaboration including working productively across Kirklees in safeguarding adults

Strategic Priority 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

Strategic Priority 3

Support the development of and oversight of preventative strategies that aim to reduce instances of abuse and neglect

Strategic Priority 4

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

Strategic Priority 5

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

Our Strategic Plan for 2020 – 2021

‘What we will do’

Continue to strengthen links and work closely with other strategic partnerships on themed areas.	Continue with networking events as a way of engaging and disseminating key messages to professionals from across the system	Improve the Safeguarding Adults Review Framework and ensure processes remain effective	Implement / review and embed Self-neglect protocol introducing Risk Escalation Conference	COVID-19 : Seek proportionate assurance that local safeguarding arrangements and response is managed in line with national guidance and legislation
Systematically examine information to identify potential threats, risks, emerging issues and opportunities, beyond the safeguarding working agenda. (Horizon scanning)	Continue to raise awareness and support early intervention and prevention through engagement with the Kirklees diverse community	Continue to establish ways of improving, analysing and interrogating data on the Board's Data Dashboard. Use analysis as the basis for recommending the commissioning of targeted audits	Review hoarding protocol ensuring effectiveness and efficiency of system processes	COVID-19: Seek assurance around the impact of lockdown easing
Strengthen the link between strategy and practice and implement and support practitioner forums in a multi-agency format	Develop methods of sharing and embedding learning from Safeguarding Adults Reviews	Continue to develop ways of gaining the views of people who have experienced abuse to ensure that support follows Making Safeguarding Personal principles	Continue to ensure Making Safeguarding Personal principles are being applied in a proportionate and timely manner	Re-energise 'See Me and Care Campaign' and the 'Dignity in Care' work streams

Appendix 3 – Kirklees Safeguarding Adults Board members 2019-2020

Mike Houghton-Evans, Independent Chair
Kirklees Safeguarding Adults Board

Penny Woodhead, Chief Quality & Nursing Officer and KSAB Vice Chair
Greater Huddersfield & North Kirklees Clinical Commissioning Group

James Griffiths, Detective Superintendent – Crime & Safeguarding, Kirklees District
West Yorkshire Police

Richard Parry, Strategic Director for Adults and Health
Kirklees Council

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

Emily Parry-Harries, Consultant in Public Health
Head of Public Health Kirklees

Penny Renwick, Lay Member
Member of the public

Helen Hunter, Chief Executive
HealthWatch Kirklees

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)

Cllr Musarrat Khan, Chair of Health and Wellbeing Board
Elected Member

Asif (Ash) Manzoor/Jacqui Stansfield, Service Manager Safeguarding Adults &
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.

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2020/21

MEMBERS: Cllr Habiban Zaman (Lead Member), Cllr Aafaq Butt, Cllr Alison Munro, Cllr Vivien Lees-Hamilton, Cllr Lesley Warner, Peter Bradshaw (Co-optee), David Rigby (Co-optee), Lynne Keady (Co-optee).

SUPPORT: Richard Dunne, Principal Governance Officer.

FULL PANEL DISCUSSION		
ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Financial position of the Kirklees Health and Adult Social Care Economy.</p>	<p>Maintain a focus on the finances of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> • Reviewing any emerging transformation programmes and assessing their contribution to increasing efficiencies and impact on services. • Considering the various Cost Improvement Schemes (CIPs) and their impact on the delivery and commissioning of services. • Impact of COVID-19 on the local health and adult social care economy to include care homes and the implications for their long-term viability. 	<p><u>Panel meeting 24 September 2020</u></p> <p>The Panel received an update on the financial position of key organisations from the Kirklees Health and Adult Social Care Economy.</p> <p>The Panel agreed that a further discussion should be arranged to include an update on the financial impact of the pandemic with a focus on services delivered in the community such as domiciliary care.</p>
<p>2. Community Care Services.</p>	<p>To assess the progress and effectiveness of Community Care Services (CCS) in Kirklees to include:</p> <ul style="list-style-type: none"> • Reviewing progress of the Primary Care Networks (PCNs) to include the impact that COVID-19 has had on patients access to primary medical services. • Looking at the work being done by the networks to assess their local population through a targeted and personalised approach to provide support to people where it is most needed. • Assessing the relationship between the key providers of CCS to include PCNs; Locala; Community Plus; and the Kirklees Wellness Service. 	

	<ul style="list-style-type: none"> • Assessing how well the integration agenda is being implemented through CCCS in Kirklees. • Assessing the impact of CCS in Kirklees in reducing avoidable A&E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits. • Looking at the approach being taken by PCNs to engage with patients in the development of their work programmes and plans. 	
3. Kirklees Integrated Wellness Service	<p>To continue monitoring the development of the service and receive a 12-month update on progress of the service following the last discussions with scrutiny in November 2019.</p> <p>To consider the development of the service in conjunction with the work being done through the Kirklees Health and Wellbeing Plan (2018/2023).</p>	
4. Quality of Care in Kirklees	<p>Receive an annual presentation from CQC on the State of Care across Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on Adult Social Care • The impact of COVID-19 on the quality of care in Kirklees. 	
5. Suicide Prevention	<p>Receive an update on progress of the work being done on suicide prevention since the panel meeting in January 2020 to include:</p> <ul style="list-style-type: none"> • The impact that the pathfinder support workers have had in their work in providing advice, training, and support for men vulnerable to self-harm and suicide. • The impact that the preventative and educational work on mental health that is taking place in schools is having in helping to reduce self-harm and suicide. • The impact of COVID-19. 	

6. Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report	To receive and consider the KSAB Annual Report to include consideration of the Impact of Covid-19 on safeguarding adults during periods of lockdown.	
7. Mid Yorkshire Hospitals NHS Trust (MYHT) Ambulatory Emergency Care (AEC) Services and Services provided at Dewsbury and District Hospital (DDH)	To receive a written update on the closure of the AEC unit at DDH.	
8. Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)	To receive a written update on: <ul style="list-style-type: none"> • The programme of change at CHFT. • The work being done by MYHT on its Outpatient Care. 	
9. Yorkshire Ambulance Service (YAS) Response Times	To receive a written update on performance and demand across all areas of Kirklees to include: <ul style="list-style-type: none"> • A focus on response times for categories 1 and 2. • Looking at the variances of performance across Kirklees. 	
10. Kirklees Immunisation Programme	To consider the performance of the Immunisation programmes in Kirklees to include: <ul style="list-style-type: none"> • Details of the local arrangements, structures, and responsibilities for immunisation. • Looking at Kirklees performance compared to national standards. • Details of policies that are in place to ensure that those residents that are 'at-risk' and eligible for vaccination are being targeted to include the approach to engagement with the more deprived communities in Kirklees. 	

	<ul style="list-style-type: none"> An overview of key challenges and/or risks to the delivery of an effective immunisation programme to include the impact of COVID-19. 	
11. Update on Winter Planning	<p>Update on winter preparations from the Kirklees Health and Adult Social Care sector to include:</p> <ul style="list-style-type: none"> Receiving details from key organisations across the local health and adult social care section on preparations for winter to include the key areas of focus; lessons learned from the winter period 2019/20; feedback and experiences of service users from last winter period; Details of measures that will be put in place to mitigate any additional pressures created by a resurgence of COVID-19. 	
12. Development of a local Community Care Package (pilot)	<p>Reviewing the outcomes of a local authority pilot initiative to develop a community care package led by Cllr Murgatroyd to include:</p> <ul style="list-style-type: none"> Looking at the wider work being done on developing “new models of support in the community” to include reviewing the work on new models of care in people’s own home e.g. Colne Valley Care Co-operative, micro enterprises, PAs. 	
13. Mental Health Services Workshop	<p>To arrange a mental health services workshop with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to look in more detail at the various support services and redesign of services. Format and structure of workshop to be developed by the panel in conjunction with the Trust.</p>	
14. COVID-19 (To be included as a standing item for the remainder of the 2020/21 municipal year)	<p>To consider the impact of COVID-19 on the local Health and Adult Social Care Economy to include:</p> <ul style="list-style-type: none"> Looking at the key challenges; pressures; and measures taken to mitigate them. Assessing the impact on the workforce. 	<p><u>Panel meeting 23 July 2020</u> Representatives from CHFT & MYHT presented details of their response to the COVID-19 virus. Input on the current position locally was also</p>

	<ul style="list-style-type: none"> • Understanding the budget implications of dealing with the crisis and the longer-term financial impact. • Assessing the work that was undertaken to safeguarding vulnerable adults. • Lessons learned. 	<p>provided by Public Health and Healthwatch Kirklees.</p> <p>No specific actions were agreed.</p> <p><u>Panel meeting 24 September 2020.</u> Kirklees Public Health presented an update on the local position and response to Covid-19.</p> <p>The Panel agreed that due to importance of this issue that it should continue to be included as an item on future agenda's.</p>
<p>15. Effectiveness of smoking cessation arrangements in Kirklees.</p>	<p>To review the effectiveness of smoking cessation arrangements in Kirklees to include a review on how people with complex mental ill health are supported.</p>	
<p>16. Kirklees Care Homes Programme Board</p>	<p>To look at the work of the Board to include the support being provided to the care home sector; the approach to infection control; and the long-term look and shape of the care home market.</p>	<p><u>Panel meeting 24 September 2020.</u> The Panel received an overview of the Kirklees Care Homes Programme that has been developed by the newly established Care Home Board.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> • To receive a further report to follow up on progress of the Board to include: a summary section outlining the key issues and actions

		<p>taken to address them; and more details of the training and support that will be provided to care homes on end of life care plans.</p> <ul style="list-style-type: none">• To receive the outcomes of the work that is being done on analysing the care home market.
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