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

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Wednesday 17 March 2021

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will hold a **Virtual Meeting - online** at **2.15 pm** on **Thursday 25 March 2021**.

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

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

A handwritten signature in black ink, appearing to read "Julie Muscroft".

Julie Muscroft

Service Director – Legal, Governance and Commissioning

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

The Health and Wellbeing Board members are:-

Member

Councillor Viv Kendrick (Chair)

Councillor Musarrat Khan

Councillor Carole Pattison

Councillor Kath Pinnock

Councillor Mark Thompson

Mel Meggs

Carol McKenna

Dr Khalid Naeem

Dr Steve Ollerton

Richard Parry

Rachel Spencer-Henshall

Helen Hunter

Karen Jackson

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

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

2: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Board held on the 26th November 2020.

3: Interests

9 - 10

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

4: Admission of the Public

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

5: Deputations/Petitions

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

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

6: Covid-19 Update

The Board will receive an update on Covid-19 in Kirklees.

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

7: Kirklees Joint Strategic Assessment Overview 2020/21 and Director of Public Health Annual Report 2021 11 - 14

To:

- a) share the updated JSA 'Kirklees Overview' 2020/21 with the Board:

- b) highlight to the Board the Kirklees Director of Public Health (DPH) Annual Report 2021, entitled 'Health and inequalities across the life course'.

Contact: Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health and Owen Richardson, Intelligence Lead for Public Health

8: Update on Kirklees Inclusion Commission and development of the Kirklees joint health and wellbeing strategy 15 - 16

The purpose of this paper is to update the Board on progress with establishing the Kirklees Inclusion Commission, developing a Kirklees place-based response to the recent White Paper and seek approval for the timetable for developing the Kirklees Joint Health and Wellbeing Strategy and Plan.

Contact: Kate McNicholas, Head of Policy, Partnerships and Corporate Planning, Emily Parry-Harries, Consultant in Public Health and Phil Longworth, Senior Manager – Integrated Support

9: Proposed revisions to the terms of reference for the Health & Wellbeing Board 17 - 22

The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.

Contact: Phil Longworth, Service Manager, Integrated Support Kirklees Council

10: Kirklees Safeguarding Adults Board Annual Report 2019 - 2020 23 - 68

To present the Kirklees Safeguarding Adults Board Annual Report 2019/20

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

11: The Kirklees Safeguarding Children Partnership Assurance Report 69 - 108

A report for information only.

Contact: Sharon Hewitt, Safeguarding Children Partnership Business Manager

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL HEALTH AND WELLBEING BOARD

Thursday 26 November 2020

Present: Councillor Viv Kendrick (Chair)
Cllr Musarrat Khan
Councillor Carole Pattison
Councillor Mark Thompson
Councillor Kath Pinnock
Carol Mckenna
Dr Steve Ollerton
Dr Naeem Khalid
Helen Hunter

In attendance: Catherine Riley, Assistant Director of Strategic Planning
Calderdale and Huddersfield NHS Foundation Trust
Emily Parry-Harries, Consultant in Public Health, Head of
Public Health Policy, Kirklees Council
Richard Mellor, Locala
Tim Breedon, Deputy Chief Executive South West
Yorkshire Partnership NHS Foundation Trust
Matt England, Associate Director of Planning and
Partnerships Mid Yorkshire Hospitals NHS Trust
Diane McKerracher, Chair, Locala
Phil Longworth, Senior Manager, Integrated Support,
Kirklees Council
Mary White, Commissioning and Partnership Manager
Tom Brailsford, Service Director, Resources, Improvement and
Partnership
Jo-Anne Sanders, Service Director, Learning and Early Support

Membership of the Board/Apologies

Apologies were received from the following Board members Richard Parry, Jacqui Gedman, Mel Meggs, Rachel Spencer-Henshall and Karen Jackson.

Emily Parry-Harries attended as sub for Rachel Spencer-Henshall, Richard Mellor attended as sub for Karen Jackson and Tom Brailsford attended as sub for Mel Meggs.

Minutes of previous meeting

That the minutes of the meeting held on the 17 September 2020 be approved as a correct record subject to a) the correction of spelling of an attendee's name, b) that a board members apology be noted and c) a grammatical correction.

Interests

No Interests were declared.

Admission of the Public

All agenda items were considered in public session.

Deputations/Petitions

No deputations or petitions were received.

Questions by members of the Public (Written Questions)

No written questions were received.

Covid-19 update

The Board received an update on the current position regarding Covid-19 in Kirklees. The Board was informed that the information being presented is data up to the 24 November 2020 and, confirmed cases up to the 18 November 2020. In summary, the Board was advised that:

- Covid-19 admissions in the latest week are lower than the previous three weeks which is a positive direction of travel and this applies to both Calderdale and Huddersfield Foundation Trust (CHFT) and Mid Yorkshire NHS Hospital Trust
- The weekly cases of Covid-19 being reported have also fallen in the previous week. The week commencing 5 November there were 2,580 cases and week commencing 12 November there were 2,103
- The weekly rate in Kirklees is 478.2 per 100,00, which ranked Kirklees as fifth in the country and the highest rate per 100,00 in the West Yorkshire local authorities. The important issue to note from the rate is that it is decreasing, and the level of decrease is fairly steep
- It is highly likely that Kirklees will go into tier 3. The legislation that relates to the specific content of those tiers is being read in parliament today and the legislation will be received overnight. Tier 3 authorities will look similar to how they were prior to the national lockdown and will come into effect at midnight on the 2 December 2020

The Board was informed that in respect of the vaccination programme, the government has asked the NHS to be ready to deliver a Covid-19 vaccination programme as soon as one becomes available. In West Yorkshire, planning and delivery is being carried out by teams in Kirklees, Bradford and Craven, Calderdale, Leeds, Wakefield and Leeds teaching hospitals NHS Trust is co-ordinating this work.

Working to the guidelines set out by the Joint Committee on Vaccinations and Immunisations, all aspects of the vaccines are being considered including, who will administer it, where it will be provided from and the logistics, how accurate and useful information will be provided to people about the vaccines that they are about to receive and how to ensure that the vaccine is accessible to everyone within local communities.

The Board was informed that while there has been a lot of speculation in the press about the vaccine becoming available, as of today, there is still not yet a confirmed vaccination, although extensive planning is underway for a number of different scenarios. The aim will be to build on the models in place for the delivery of the flu vaccine.

The current guidelines are that the first priority groups for receiving the vaccine will be care home residents and staff, health and social care staff and people over 80. The aim is to plan for this to start at the beginning of December, however it is likely that this will start during the second week of December. The vaccine will have to undergo strict clinical trials and will have to be approved for use by the independent regulator before it is rolled out.

Patients are being asked not to contact their GP practices for information about the vaccine, as GPs currently do not have any further information available and it will just block the primary care phone lines.

The Board was informed that plans are also being put in place for a population roll out of testing, using the lateral flow tests to start within the next couple of weeks. There is currently a great deal of work being undertaken.

RESOLVED

Community Engagement during Covid-19

Helen Hunter, Chief Executive, Healthwatch Kirklees and Healthwatch Calderdale updated the Board on the Covid-19 engagement work that Healthwatch Kirklees has been delivering. The Board was informed that the information being presented was to, share key learning from the engagement work, talk through the next steps, and ask the Board to consider how it can make use of the engagement findings.

In summary, the Board was informed that Healthwatch Kirklees' response to the pandemic has been:

- Providing clear and up to date communications about Covid-19 and all related topics. At the start of the pandemic, Healthwatch's role was to provide clear and up to date information not only about the national messages but also about what was available to people locally. A frequently asked questions section was created on Healthwatch's website which was well visited.
- Involvement in the community effort and supporting local residents. Staff were involved in the community effort and volunteered in Kirklees.
- Working with the seldom heard. A telephone befriending service was started for people, particularly those with additional vulnerabilities who may have been isolated. For example, people with drug and alcohol problems and learning disabilities. The aim was to try and reduce some of their social isolation.

The core Healthwatch work is to amplify the voice of the general public, particularly focusing on those who might face the greatest inequalities, to try and influence health and care delivery. A major piece of engagement work, over a three-month period was undertaken. This was launched at the end of May and aimed to capture people's lived experience of accessing health and care services through the pandemic. The work was developed with partners in Calderdale and replicated in Kirklees. There were three key elements to that piece of work:

- Health and care experience survey – for staff, service users and carers, including questions about what it has been like to access health and care during the pandemic
- Story telling tools – people have been doing things in such creative ways across this time, and it was important to encourage people to talk about their lived experience of this period in whatever way suited them
- Information, signposting and advocacy summaries – people who have sought the support of Healthwatch have had their stories summarised in monthly reports

The survey closed on 31st August 2020 and the information was brought together and analysed through a data management system with 696 survey responses, 36 staff responses and 36 stories.

The outcome of the work produced five key themes as follows:

- Access to service
- Digital access
- Communication
- Quality of care
- Cleanliness, hygiene, and infection control

The Board was informed that it is important to note that there was a balance of the feedback in almost every area of the information heard and it is important to reflect both sides of the feedback. For example, access to service be that face to face, over the telephone or online some people felt that they had had a significant improvement in their access particularly to GP services. There were, however, some people who found it more challenging not being able to see someone face to face.

The Board was informed that this is not the end of the Covid work as there are 4 other key areas of focus for example work with BAME communities and to gather the voice of people residing in care homes. There is an awareness of the disproportionate impact on people with disabilities and long-term conditions in terms of delays in care certainly and Healthwatch are keen to work with those groups. Accessing dental care is also another important area that people are talking to Healthwatch about.

RESOLVED

That the Board support Healthwatch Kirklees to develop a comprehensive picture of engagement in Kirklees during the Covid-19 pandemic

Kirklees Children and Young People's Plan - November 2020 Updates

Mary White, Commissioning and Partnership Manager, provided the Board with an update on the Children's and Young Peoples Plan reminding the Board that In November 2019, the Health & Wellbeing Board agreed to take responsibility for providing governance and oversight of three new Children and Young People's Plan priorities and agreed a format to do so.

The Board was informed that while there is no longer a statutory requirement to produce a Children and Young People's Plan, there is consensus that a Plan provides a collective focus and clarity about priorities to be championed and addressed across the Partnership.

Work with the new Children and Young People's Partnership has focussed on assessing intelligence and insight from a range of sources to agree priorities. (e.g. KJSA, Year 9 Health Survey, Community Hubs' insight; young people's voice and influence work and commentary; service key performance data on outcomes for the child population and for specific vulnerable groups.

There are a range of things that are a priority for young people in Kirklees, however for the purposes of the partnership the agreed priorities are those that require a whole system to respond to, and that require all of the organisations whether they are statutory, voluntary or community to play a part in delivering the outcomes.

The three chosen priorities after consulting with young people are:

- **Reducing the effects of poverty on children** – at the same time as the children and young people's partnership was wanting to do some work to reduce the effects of poverty on children, there was another piece of work that was being undertaken to revisit the tackling poverty strategy in Kirklees. It was felt that rather than creating two separate work streams it would be better to combine those two pieces of work into the new tackling poverty partnership and action plan, and develop some specific actions around children and young people
- **Improving inclusion and outcomes for LGBT plus children and young people** – this was chosen as a priority because nationally and locally, evidence shows that LGBT young people face additional barriers to achieving their potential and may experience more fear and discrimination
- **Growing our youth offer of places to go, things to do and people to see for children and young people** – one of the impacts of austerity was a reduction in the amount of funding opportunities for youth work with children and young people. In Kirklees, there was a significant reduction in the

amount of youth work and there was no longer an inhouse youth service. Once a statutory provision is taken out, it reduces capacity building and support and training for the community and voluntary sector

Tom Brailsford, Service Manager, Resources, Improvement and Partnership and Jo-Anne Sanders, Service Director, Learning and Early Support provided the Board with an update on the Special Educational Needs and Disability (SEND) and High Needs work that is being undertaken with Impower.

The Board was reminded that in 2019, a 10-point improvement plan for SEND was presented to the Board. The ambition is to go through the transformation work, being undertaken and update the 10-point plan.

Since January 2020, work was being undertaken with Impower however this work paused during the first lockdown. The purpose of the work was to understand the SEND and high needs system and to understand the current service in terms of cost and the demand position. The aim was to try and identify opportunities to deliver good outcomes, to look at a financially sustainable system and also look at having that whole inclusive ambition for children and young people who have additional needs throughout Kirklees and to have that shared across all the partners.

The Board was informed that the aim is to improve outcomes for children and young people with additional needs by moving further towards a strength-based approach rather than a deficit-based approach and there has been a number of things undertaken as part of this approach.

There has been a lot of engagement which has driven the findings being presented today.

- There has been engagement with parents and carers, looking at high-needs professional adults and Learning Disability professionals.
- There has been some panel observations and colleagues have been observing the way decisions are made about children and young people's needs
- There has been some focus groups and very detailed case reviews looking at the detail

The Board was informed that it is becoming clear that there is increasing demand across the system and some of that demand is not driven by need, it is driven by behaviours which is not necessarily the right approach. There has been a 29.6% increase in Education Health and Care Plans (EHCP) in Kirklees. Demand for EHCP has increased across special schools and mainstream schools, however, mainstream schools have seen the largest growth in demand by 67.5%.

It is important not to underestimate the scale of the challenge with demand and cost increasing across the board. Since 2017/18 demand has increased and it is putting increasing pressure on the high needs block and that will equate to increasing pressure on health services such as speech and language therapy, occupational therapy and children's continuing care needs. Despite all this high spend, exclusions

in Kirklees are increasing, the number of permanent exclusions has increased significantly, this suggests there is significant unmet need out there.

From the case reviews work undertaken, it is evident that the opportunities to meet needs in an early intervention type way are being missed. Covid-19 is likely to have further impact on demand and spend. Many parents and carers have indicated that the child or young person's needs has changed during lockdown and felt that throughout that period their needs had not been met.

The process of doing the inclusive ambitions work has put a challenge back to the system. This is not just in respect of the local authority, it is to the system that is supporting young people with additional needs, special educational needs and disabilities. It feels like there is a real opportunity to have the conversation about what are the shared ambitions. It is important to get the best outcomes for young people and to consider how this can be achieved by working together in a more cohesive way.

The Board was informed that last month at the inclusive ambitions workshop, key strategic colleagues from across the system had a positive discussion focusing on some of the following:

- what is required and how can needs be met as early as possible,
- how can resources be used to the best effect,
- how to gather the right intelligence to help shape the system moving forwards
- how can this be done in partnership codesigning with parents and carers.

Work needs to be undertaken to find better strategies to reduced young people being excluded from school. Consideration also needs to be given to how different accountability systems, ie education accountabilities and those from health can be better aligned as best as they can. There have been conversations that has led to further discussion about developing inclusive ambition that can be shared and will direct transformation moving forward.

RESOLVED

That the Board will

- a) Continue to endorse the working arrangements for the Children's Partnership
- b) Note the information presented on High Needs transformation

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE: 25/03/21	
TITLE OF PAPER: Kirklees Joint Strategic Assessment Overview update 2020/21	
1. Purpose of paper	<p>To share the updated 'Kirklees Overview' 2020/21 with the Board (slides to be presented in the meeting). This will replace the previous Kirklees Overview (2019/20) and summarises the key population health and wellbeing issues and challenges for Kirklees. This year's Overview has been developed in conjunction with the Director of Public Health's Annual Report, with a strong emphasis on highlighting inequalities across seven life stages.</p>
2. Background	<p>The Health and Social Care Act (2012) requires the Health and Wellbeing Board, working through local authorities and Clinical Commissioning Groups, to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. In February 2015 the Board endorsed a new approach to JSNA development - an ongoing process focussed on both needs and assets which outlines medium and longer-term challenges for the district. Subsequent papers have updated the Board on the progress of the KJSA, including the development and continuous improvement of the KJSA website.</p> <p>It was agreed by the Board in May 2016 that the Kirklees Overview would be updated annually and published online following approval from the Board. The Overview provides a useful context for the more detailed sections of the KJSA by summarising the big issues and key challenges for health and wellbeing using infographics and simple messages.</p>
3. Proposal	<p>The Board is asked to endorse and support the updated Kirklees Overview 2020/21. Together with the more detailed KJSA summaries and sections this will provide population-level intelligence to support the delivery of the Joint Health and Wellbeing Strategy and the Kirklees Health and Wellbeing Plan and to enable intelligence-led commissioning and service delivery. A member of the Public Health Intelligence team will be available to talk through the slides and answer any questions at the meeting.</p>
4. Financial Implications	<p>None</p>
5. Sign off	<p>Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health</p>
6. Next Steps	<p>Subject to amendments highlighted in the meeting, the 2020/21 Kirklees Overview will be published online (replacing the current version here).</p>
7. Recommendations	<p>To endorse and support the updated Kirklees Overview 2020/21.</p>
8. Contact Officer	

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

Owen Richardson, Intelligence Lead for Public Health

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	25/03/21
TITLE OF PAPER:	Director of Public Health Annual Report 2021
1. Purpose of paper	<p>This paper highlights to the Board the Kirklees Director of Public Health (DPH) Annual Report 2021, entitled ‘Health and inequalities across the life course’.</p> <p>Directors of Public Health have a statutory requirement to write an annual report on the health of their population. The focus of the report is chosen by the DPH and its aim is to inform local people about the health of their community as well as inform decision makers on health gaps and priorities that need to be addressed.</p> <p>The paper outlines the purpose and content of the DPH report which the Board can use to support intelligence-led commissioning to reduce local inequalities.</p>
2. Background	<p>The topic of this year’s DPH report aligns with the Council’s wider focus on tackling inequalities and will support the initial intelligence requirements of the new Inequalities Commission, as well as providing the core content for the latest Kirklees Joint Strategic Assessment Overview.</p> <p>The report provides the population context for health within each of seven life stages and highlights inequalities found in Kirklees, including those specifically related to/exacerbated by COVID-19. Through case study examples, the report also shows how a Population Health Management approach can be used to reduce inequalities and improve health-related outcomes.</p> <p>The seven life stages (and indicative age ranges) covered are: New beginnings (conception to age 2); Early challenges (ages 3-10); Character development (ages 11-17); Seizing opportunities (ages 18-34); Settling down (ages 35-59); Changing pace (ages 60-79); Taking stock (age 80 to end of life).</p> <p>The report is presented in several formats, including an interactive online version, a walkthrough video and seven posters (one for each life stage), which can be downloaded for use individually or as a complete set. Each life stage section is divided into four sub-sections: Population; Inequalities; COVID-19; Population Health Management</p>
3. Proposal	<p>The Board is asked to endorse the findings and recommendations in the DPH Annual Report to support partnership working for tackling health inequalities across Kirklees.</p>
4. Financial Implications	<p>None</p>
5. Sign off	<p>Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health</p>
6. Next Steps	

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

The report will be published on the Council's web site and will be promoted by the Council's Comms Team via the usual channels. Infographics and online resources will be available for Board members to utilise in their own areas of work.

7. Recommendations

It is intended that Board members will make use of the DPH report to inform decision-making and commissioning in order to help reduce health-related inequalities. A set of posters and infographics will be made available, along with an interactive online version of the report, to enable the report to be shared as widely as possible.

8. Contact Officer

Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health, rachel.spencer-henshall@kirklees.gov.uk

Owen Richardson, Intelligence Lead for Public Health

Owen.richardson@kirklees.gov.uk; 01484 221000

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	25th March 2021
TITLE OF PAPER:	Update on Kirklees Inclusion Commission and development of the Kirklees joint health and wellbeing strategy
1. Purpose of paper	<p>The purpose of this paper is to update the Board on progress with establishing the Kirklees Inclusion Commission, developing a Kirklees place-based response to the recent White Paper and seek approval for the timetable for developing the Kirklees Joint Health and Wellbeing Strategy and Plan.</p>
2. Background	<p>The Board has a statutory responsibility to develop, publish and own the Joint Strategic Assessment and Joint Health and Wellbeing Strategy for Kirklees. Taken together these provide the overarching framework for planning, commissioning and delivery of services that impact on the health and wellbeing of the whole population, not just health and care services. The Health and Wellbeing Plan was developed to provide a ‘place-based plan’ for health and care services.</p> <p>The Board received an update in September 2020 on proposals to undertake a number of linked areas of work:</p> <ul style="list-style-type: none"> • Refresh of the Kirklees Joint Strategic Assessment • Development of our local approach to tackling inequalities • Update the Kirklees Health and Wellbeing Plan and development of a new Joint Health and Wellbeing Strategy. <p>2.1 Kirklees Joint Strategic Assessment</p> <p>An updated overview of the Kirklees Joint Strategic Assessment will be presented to the Board for approval under a separate agenda item.</p> <p>2.2 Kirklees Inclusion Commission</p> <p>In October 2020, Cabinet approved, and Council subsequently endorsed, the formation of a member-led Commission that will work closely with partners and communities to make recommendations and instigate action, focus on a better understanding of the issues faced, and take forward clear actions to advance equality in Kirklees.</p> <p>The Commission’s key objectives will be to:</p> <ul style="list-style-type: none"> • Hear the voices of those with lived experience of inequalities and those in positions of power locally. • Hear progress reports at the quarterly meetings and make recommendations for action. • Hold the system to account. • Influence at a local, regional and national level to address issues outside of the Local Authority’s direct control. <p>The proposed framework, as agreed at Cabinet, involves an overarching Commission of elected members as Commissioners, and a number of “engine rooms” operating beneath the Commission across several “deep dive areas”. These deep dive areas will have a focus on engaging with key partners, subject matter experts, people in power, and people with lived experience of inequalities in order to identify risks, issues and opportunities and identify actions that tackle inequalities.</p>

2.3 Developing the Kirklees place-based plan and the Joint Health and Wellbeing Strategy

Since the September Board meeting when the Board discussed the need to develop a new Joint Health and Wellbeing Strategy and update our place-based plan there have been a number of significant changes that will impact on this work, most notably:

- Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1st April to form Kirklees CCG.
- The Government published the White Paper 'Working together to improve health and social care for all' on the 11th February 2021. The government's plan is that the legislative proposals outlined in this White Paper will begin to be implemented in 2022. The new statutory Integrated Care Systems will take on many of the functions of CCGs, consequently it is expected that CCGs will be dissolved in March 2022.

3. Proposal and next steps

An update will be presented at the Board meeting, outlining:

- a) progress on establishing the Kirklees Inclusion Commission, including the formation of a shadow Commission responsible for laying the groundwork for the formal Commission.
- b) how the Kirklees health and care partners are working together to respond to the changes set out in the White Paper, update our 'place-based plan' and develop a new Joint Health and Wellbeing Strategy.

4. Financial Implications

None at this stage.

5. Sign off

Richard Parry, Strategic Director Adults and Health, Kirklees Council

7. Recommendations

The Kirklees Health and Wellbeing Board is asked to:

- Welcome the establishment of the Kirklees Inclusion Commission and encourage all partners to actively participate in the work of the Commission.
- Comment on the proposed approach to responding to the White Paper.
- Approve the timetable for producing a new Joint Health and Wellbeing Strategy.

8. Contact Officer

Kate McNicholas, Head of Policy, Partnerships and Corporate Planning, Kirklees Council

kate.mcnicholas@kirklees.gov.uk

Emily Parry-Harries, Consultant in Public Health, Kirklees Council

emily.parry-harries@kirklees.gov.uk

Phil Longworth, Senior Manager – Integrated Support, Kirklees Council

phil.longworth@kirklees.gov.uk

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	25 th March 2021
TITLE OF PAPER:	Proposed revisions to the terms of reference for the Health & Wellbeing Board
1. Purpose of paper	<p>In accordance with The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, if the Council wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments.</p> <p>The purpose of this report is to seek approval for the proposed revisions to the Terms of Reference for the Health and Wellbeing Board.</p>
2. Background	<p>2.1 The national, regional and local context the Board is operating within has undergone significant changes over the past 12-18 months, including:</p> <ul style="list-style-type: none">• Response to the Covid-19 pandemic.• The West Yorkshire Health and Care Partnership is established as the 'Integrated Care System' and the new Partnership Board has been meeting formally since June 2019• Further development of the West Yorkshire Joint Committee of Clinical Commissioning Groups, the West Yorkshire Association of Acute Trusts and the West Yorkshire Mental Health Services Collaborative• Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1st April to form Kirklees CCG• The 9 Primary Care Networks in Kirklees are now well established.• The Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board has evolved into the Kirklees Integrated Health and Care Leadership Board.• The Children and Young People's Partnership has been re-established and developed a new Children and Young People's Plan. The Health and Wellbeing Board has taken on formal oversight of this work. <p>2.2 The current membership as set out in the Terms of Reference was amended in May 2019 for the first time since the Board was established in April 2013. The membership reflected the requirement as set out in the Health and Social Care Act 2012. Core membership that health and wellbeing boards must include:</p> <ul style="list-style-type: none">• at least one councillor from the relevant council• the director of adult social services• the director of children's services• the director of public health• a representative of the local Healthwatch organisation• a representative of each relevant clinical commissioning group (CCG)• any other members considered appropriate by the council <p>In addition, there are 'invited observers' from all the key local health and care provider organisations in Kirklees.</p>

2.4 The changes to membership have reflected the shift to a much more collaborative culture which is at the core of both the Kirklees Health and Wellbeing Plan and the NHS Long Term Plan.

2.5 The Government published the White Paper 'Working together to improve health and social care for all' on the 11th February 2021. The White paper reinforces several concepts that have been an important aspects of our approach in Kirklees and West Yorkshire for several years, including

- 'primacy of place' which the White Paper recognises 'is most usually aligned with either CCG or local authority boundaries'
- 'working together to integrate care'. The proposal is to legislate, in this calendar year, to embed 2 forms of integration
 - within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle
 - greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

The Government intends legislate to create a statutory basis for integrated care system (ICSs), including an ICS Health and Care Partnership and an ICS NHS Body. On current timeframes, and subject to Parliamentary business, the government's plan is that the legislative proposals outlined in this White Paper will begin to be implemented in 2022. Therefore as the ICS NHS Body will take on many of the functions of CCGs, it is expected that CCGs will be dissolved in March 2022.

Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to have regard to. The Government expects to produce further guidance following legislation being passed on how these bodies can work together closely to complement each other's roles, and to share learning and expertise.

3. Proposal

3.1 The Board are asked to consider and agree the proposed revision to the Terms of Reference for 2021-22, specifically; (See appendix 1)

- Amending the membership of the Board to:
 - reflect the creation of a single CCG for Kirklees. The 3 representatives in 2021/22 will be the Clinical Chair, Accountable Officer and the Lay Member: Patient & Public Involvement.
 - include a nominated representative of the Kirklees Integrated Health and Care Leadership Board to replace the representative from the now defunct Integrated Provider Board.
- Include representation of the Primary Care Networks in recognition of their role in establishing the new model of integrated care and as system and clinical leaders.

- Reflecting the Board’s role in providing oversight of the Children and Young People’s Partnership and the Children and Young People’s Plan and recognising the Director of Children’s Services role as including representing the Children & Young Peoples Partnership.

2.7 The Health and Wellbeing Board recognises that the proposed legislation and national guidance will necessitate changes to the local governance arrangements for health and social care being established by April 2022. A period of running in shadow form might be required prior to the changeover. Any substantive changes to the Board’s Terms of Reference will be discussed at the relevant Board meeting, and proposals presented to the Corporate Governance and Audit Committee for approval at the earliest possible opportunity.

4. Financial Implications

None

5. Sign off

Richard Parry, Strategic Director for Adults and Health, Kirklees Council
 Carol McKenna, Accountable Officer, Greater Huddersfield CCG and North Kirklees CCG

6. Next Steps

Following consideration by Corporate Governance and Audit Committee, on the 22nd April 2021, the report will progress to Annual Council on 19th May 2021 for approval.

7. Recommendations

That the revised Terms of Reference and membership of the Health and Wellbeing Board be approved.

8. Contact Officer

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APPENDIX 1 Health and Wellbeing Board Membership and Terms of Reference

Proposed additions are shown in red and deletions are shown as ~~crossed out~~.

Membership

Membership of the Board includes voting and non-voting members as set out below:

Voting members

- Three Members of Kirklees Council's Cabinet, one of whom may be the Leader
- One Senior Councillor from the main opposition group
- One Councillor from a political group other than the administration and main opposition group
- Director for Children Services (**including as representative of the Children & Young Peoples Partnership**)
- Director for Public Health
- Director of Adult Social Care
- One representative of local Kirklees Healthwatch
- ~~Three representatives of North Kirklees Clinical Commissioning Group~~
- ~~Three representatives of Greater Huddersfield Clinical Commissioning Group~~
- **Three representatives of Kirklees Clinical Commissioning Group**
- ~~One representative of Kirklees Integrated Provider Board~~
- **One representative of Kirklees Integrated Health and Care Leadership Board**

Non-voting members

- Chief Executive Kirklees Council
- Representative of NHS England (Statutory requirement: to participate in the Board's preparation of JSNA / JHWS and if requested to participate in exercise of the commissioning functions of the Board in relation to the Kirklees HWB Area)

Nominated representatives of significant partners:

- **Kirklees Primary Care Networks, which could come from one of the GP Federations acting on their behalf**
- Mid Yorkshire Hospitals Trust
- Calderdale and Huddersfield Foundation Trust
- South West Yorkshire Partnership Foundation Trust
- Current community health provider
- West Yorkshire Police

Representative of Kirklees Council Overview and Scrutiny

Terms of Reference

The Health and Wellbeing Board is a statutory Committee of the Council bringing together the NHS, the Council and partners to:

- a) Improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.
- b) Develop, publish and own the Joint Strategic Needs Assessment for Kirklees (JSNA) (which is known locally as the Kirklees Joint Strategic Assessment (KJSA)) to inform local planning, commissioning and delivery of services and meet the legal responsibilities of Kirklees Council and the Clinical Commissioning Groups.
- c) Publish and maintain a statement of needs for pharmaceutical services across the Kirklees area.
- d) Develop, publish and own the Joint Health and Wellbeing Strategy for Kirklees, based on the JSNA and other local intelligence, to provide the overarching framework for planning, commissioning and delivery of services.
- e) Provide the structure for overseeing local and regional planning and accountabilities for health and wellbeing related services and interventions and the development of sustainable integrated health and social care systems **including children and young people's partnership arrangements**.
- f) Promote integration and partnership working with the NHS, social care, public health and other bodies in the planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees, including as part of regional working.
- g) Ensure the involvement and engagement of service users, patients and the wider public in planning, commissioning and delivery of services to improve the wellbeing of the whole population of Kirklees.
- h) Provide leadership and oversight of key strategic programmes, such as the Kirklees Health and Wellbeing Plan, Better Care Fund, and **Children & Young Peoples Plan** and to encourage use of associated pooled fund arrangements where appropriate.
- i) Provide assurance that the commissioning and delivery of plans of partners have taken sufficient account of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- j) Ensure that the Council's statutory duties in relation to health protection arrangements and plans are delivered through the work of its sub-committee, the Kirklees Health Protection Board.
- k) Exercise any other functions of the Council delegated to the Board by the Council.

Voting Rights

See membership list

In accordance with The Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013, if the Council's wishes to alter the voting rights and membership the board must first be consulted on any proposed amendments.

Substitute Members

Voting Board Members can send a substitute to represent them should they be unable to attend and if appropriate cast their vote.

Quorum

The quorum for the board will be attendance by 50% of the accountable bodies and 50% of the membership.

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 25 March 2021
TITLE OF PAPER: Kirklees Safeguarding Adults Board Annual Report 2019 - 2020
<p>1. Purpose of paper</p> <p>1.1 To present the Kirklees Safeguarding Adults Board Annual Report 2019/20 to help shape the understanding and partnership response to key strategic issues, and to ensure that the board can help drive an issue across the partnership to establish and maintain delivery.</p> <p>1.2 It is of strategic importance to all to further develop a shared understanding of the board’s responsibilities and priorities and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.</p>
<p>2. Background</p> <p>2.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership which brings together the main organisations working with adults at risk of abuse or neglect. Hence, its membership includes: the Council, West Yorkshire Police, NHS organisations and West Yorkshire Fire and Rescue Service. Its core purpose is to help and protect adults at risk in its area.</p> <p>2.2 In 2015 the board appointed its first Independent Chair and, in accordance with Care Act guidance, the Independent Chair of the KSAB reports quarterly to the Council’s Chief Executive on the work of the board.</p> <p>2.3 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.</p> <p>2.4 Individual Board members take responsibility for reporting through their own organisations, including the submission of annual progress reports to their executive management body/board. This is to ensure that Adult Safeguarding requirements are integrated into their organisation’s overall approach to service provision and service development.</p> <p>2.5 Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the Board’s performance framework and the Board’s annual challenge event. The Board seeks assurance for their approach to safeguarding adults through the board meetings, delivery group, subgroups and challenge events.</p> <p>2.6 The principal purpose of the Board’s annual report is to identify progress made over the past 12 months against the intentions laid out in the Board’s Strategic Plan (which is a rolling 3-year plan updated annually alongside the Board’s annual report), which lays out the Board’s work programme for the next 12 months.</p>
<p>3. Proposal</p> <p>3.1 The document is being presented to the Health and Wellbeing Board as it is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.</p> <p>3.2 As part of this role the Health and Wellbeing Board receives the KSAB Annual which helps to further develop a shared understanding of the Board’s responsibilities and priorities and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.</p>

<p>4. Financial Implications</p> <p>None</p>
<p>5. Sign off</p> <p>Richard Parry, Strategic Director for Adults and Health, Kirklees Council</p>
<p>6. Next Steps</p> <p>6.1 The report was presented to the Health and Adult Social Care Scrutiny Panel on 5th November 2020. The Panel, which is made up of democratically elected members and members of the public who volunteer to sit with Councillors on the Panel, has the powers to:</p> <ul style="list-style-type: none">• Hold decision makers to account• Challenge and improve performance• Support improvement that achieves better outcomes and value for money• Influence decision makers with evidence-based recommendations• Bring in the views and evidence of stakeholders, users and citizens <p>6.2 Panel members have a unique role to act across the whole health and social care economy. They are responsible for holding decision makers (i.e. the Health and Wellbeing Board, the Council, Clinical Commissioning Groups, NHS England and providers), to account.</p>
<p>7. Recommendations</p> <p>To receive the Kirklees Safeguarding Adults Board Annual Report 2019/20.</p>
<p>8. Contact Officer</p> <p>Mike Houghton-Evans, Independent Chair, Kirklees Safeguarding Adults Board.</p>



**Partners in
preventing
abuse and
neglect**

Annual report
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

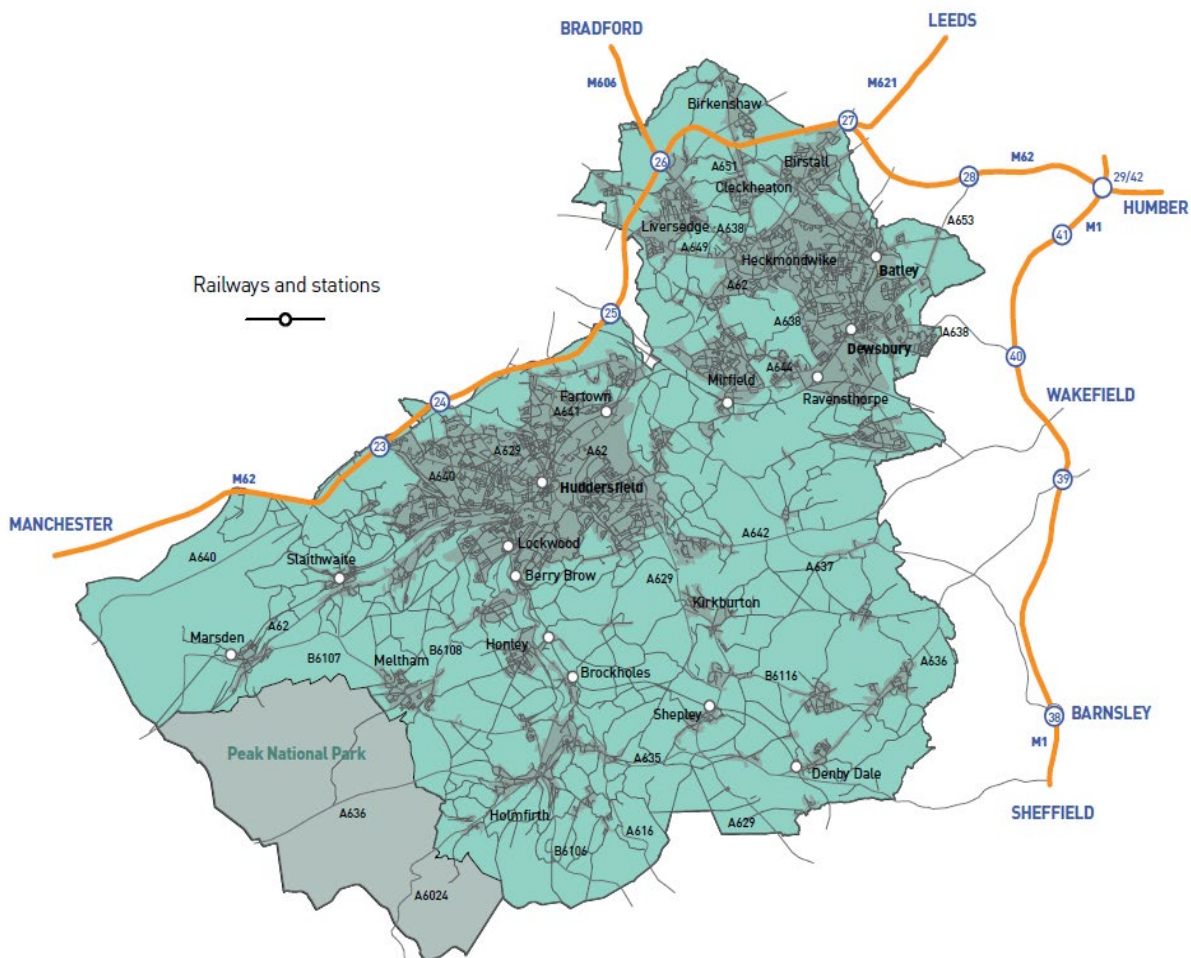
Talking about Kirklees Council

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.

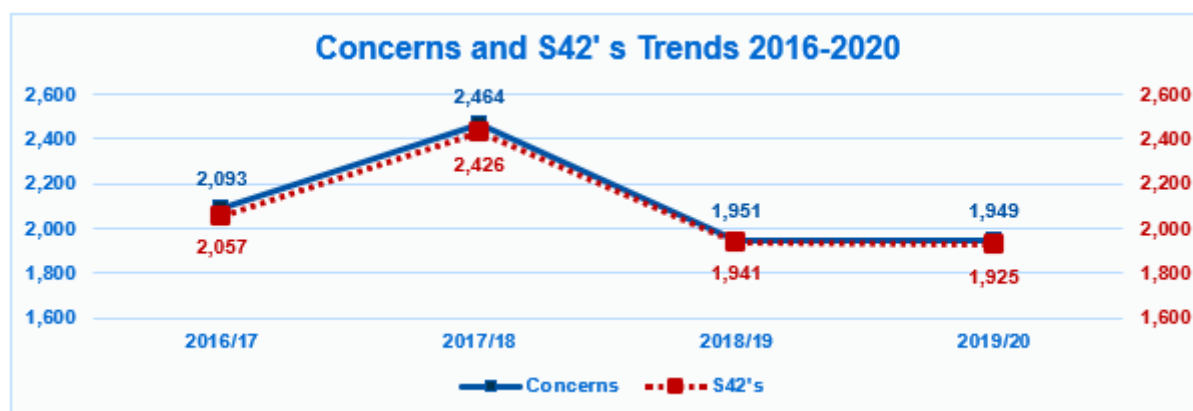
WYFRS Kirklees District registered as a supporter of the 'Looking out for our neighbours' winter campaign which launched in December 2019 and was coordinated by West Yorkshire and Harrogate Health and Care Partnership, supported by the Jo Cox Foundation. This involved mostly sharing social media messages 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.

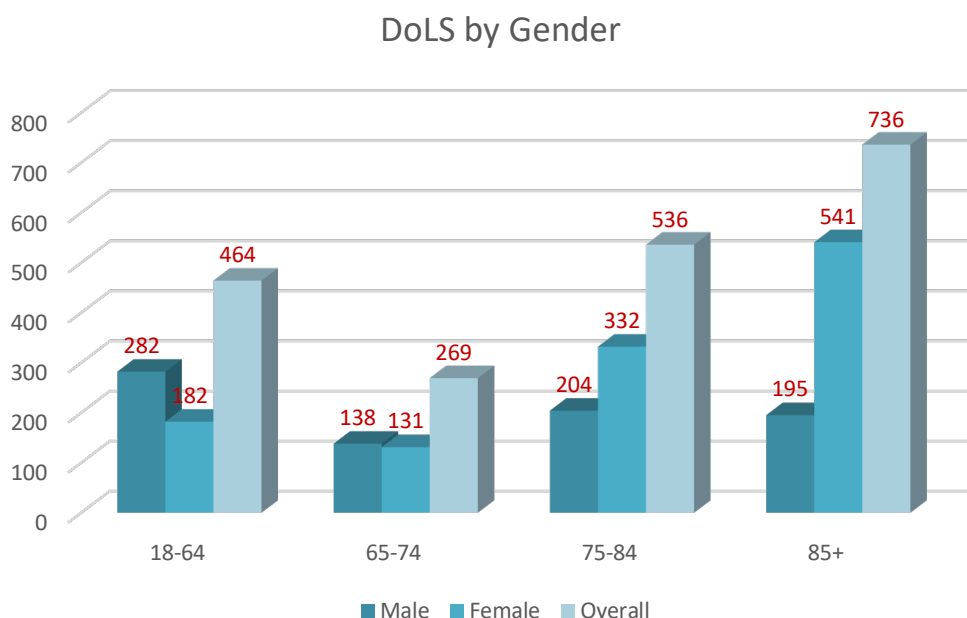
DoLS by Gender

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.



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.

KIRKLEES HEALTH & WELLBEING BOARD**MEETING DATE: 25th March 2021****TITLE OF PAPER: The Kirklees Safeguarding Children Partnership Assurance Report****1. Purpose of paper**

The Kirklees Safeguarding Children Annual Assurance Report is a report produced by the Independent Advisor to the Safeguarding Children Partnership. The report sets out the work of the multi-agency partnership in the preceding year and articulates the priorities going forward.

The report while coming to the Health and Wellbeing Board primarily for information also highlights work done by the Safeguarding Partnership in relation to the priorities of the Health and Wellbeing Board in relation to children and young people , alongside work on cross cutting issues with other statutory partnerships including Safer community activity and Adult Safeguarding .

2. Background

There is a requirement on local partnerships as prescribed under Working Together 2018 to produce an Annual Assurance statement of safeguarding activity. As a partnership we have continued to develop a much fuller report, documenting key performance data alongside case studies to demonstrate impact. The year overall, has seen positive improvements in performance and therefore the report offers a high level of continued assurance.

This report has been signed off by the Partnership Executive, made up of the three statutory partners of the Local Authority, the CCG and West Yorkshire Police.

The priorities going forward build on existing priorities alongside the issues highlighted by monitoring and analysis of data.

It is worth noting that there has been an impact as a consequence of the Covid pandemic, but that as a partnership there has been a continued ability to carry out the full range of expected functions.

3. Proposal

The Health and Wellbeing Board are asked to consider the information contained in the Assurance report and to identify any issues to feed back to the Safeguarding Children Partnership.

The Annual Assurance Report, while stand alone in terms of being prescribed by legislation, captures the contribution to a number of the Health and Wellbeing priorities for Kirklees. This includes supporting children and their families Early, through a joint agency Early Help Strategy, designed to give children the best start and to support

families to become more resilient. Alongside this promoting a climate in which children and young people feel safe and included in their communities.

4. Financial Implications

The safeguarding Partnership is supported by a multi-agency budget contributed to by partner agencies. This is detailed in the report. Agencies have confirmed contributions going forward

5. Sign off

This is a multi-agency report, signed off by the strategic leads of statutory agencies at the Executive meeting held on 10th March 2021. For the purposes of being presented here Mel Meggs as Strategic lead and statutory Director of Children’s Services has signed it off at that multi-agency meeting.

6. Next Steps

The partnership will ensure that any comments from the Health and Wellbeing Board are fed into the work going forward and that the governance arrangements reflect the contribution. This will result in the development of the associated Business Plan

7. Recommendations

1. The Health and Well Being Board in line with agreed governance arrangements are asked to note the Assurance report and its contents.
2. The Health and Wellbeing Board are asked to note the joint agency priorities going forward and to highlight any particular contributions that the Safeguarding Partnership should make on the Joint Health and Well Being strategy

8. Contact Officer

Sharon Hewitt – Safeguarding Children Partnership Business Manager

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Kirkles Safeguarding Children Partnership



Kirkles Annual Assurance Statement 2019/2020

Worried About a Child

Every child and young person have the right to be safe.

All reports or enquiries concerning the welfare or safety of a child must go to the Kirklees Front Door Service which operate Duty and Advice.

As a quick reference:

Professionals call: **01484 414960**

Member of the Public: call **01484 456848**

The team is available weekdays 9am – 5pm and there is 24 hours a day out of hours service available by contacting the relevant service.

If a child is in immediate danger of being harmed or is home alone, call the police on **999**.

If you are a Child as well as calling the public line above, you can also contact Childline on **0800 1111**.



In Kirklees we are committed to working with families in a restorative way, we offer good Early support to families who are struggling, we recognise family strengths and are strong in the practice principles of open communication and honesty.

We ask professionals to talk to parents before making a referral, explaining to them why a referral is being made, unless to do so presents an increased risk to the child.

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Foreword

Our Vision

“We want a safeguarding system that : Promotes safe and healthy resilient families , builds on their strengths rather than focusing on their defecits . We want to manage risk and reduce it – we will achieve this by our Partnership approach

All three safeguarding partners have equal and joint responsibility for local safeguarding arrangements.

This is the first annual assurance report of the new Kirklees Safeguarding Children Partnership, it covers the first year of our operation as a partnership. We have taken the opportunity of the new arrangements to think about how we make this report more relevant to our senior leaders, practitioners and our safeguarding community, and to line up our planning with financial planning and commissioning priorities.

As a partnership we have in the past year supported significant improvements in the services offered to children and young people in Kirklees. We very much hope and believe we can evidence, that as a result of the improvement in the Children’s Social care offer and the work of partners across the system, outcomes for children involved with their families in safeguarding, are better today than they were at the time of the last Annual Report.

This assurance report is therefore both a look back at the year since the development of our new arrangements and a look forward to our priorities in the next year. Just as the timeframe for this report was ending, the world was hit by the COVID-19 outbreak, we cannot write this report without including some commentary on the impact of that on our community and on our workforce.

We want to begin by recognising the extraordinary efforts the people of Kirklees and of the employees of all our partner agencies, to continue to keep people as safe as possible during this time. This has genuinely been a time when the workforce has had to adapt quickly to new ways of working and respond to the capacity challenges created by COVID-19. Working from home has presented lots of issues in the use of technology and for families, lockdown measures have in some cases increased isolation and risk. Despite those challenges the partnership has remained strong, providing support and challenge and developing new ways of working.

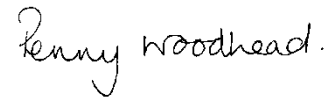
In March, overnight the council and partners had to change the way many services were delivered, this included keeping schools open for vulnerable children and the children of key workers, to working out how to keep services running without face to face contact, responding to the challenge of key staff in the NHS being redeployed, to ensuring key workers were able to operate safely within PPE and safeguarding requirements.

This report recognises the progress the Kirklees Safeguarding Children Partnership (KSCP) has made throughout the year and the challenges that remain that we will continue to address in our business planning process for 2021/2022.

Mel Meggs

Julie Sykes

Penny Woodhead



Principles and our approach to Safeguarding

Principles of the KSCP

As a Partnership we have been clear in the approach to collaboration, both in the way we work as a professional network and our expectations of each other, but also in our approach to families. Our approach is based on building communities, developing resilience and networks locally where people live. Celebrating the diversity of Kirklees as a strength. As part of our approach to improvement we set clear aspirations that practitioners would share a common language and approach to working with families and young people. We believe that every child and young person should have the opportunity to reach their full potential and that they should be supported to grow and achieve within their own families wherever possible. When concerns arise relating to need and risk we are committed to working with families to identify solutions and to reduce that risk where possible. We encourage our practitioners to have early conversations to share concerns and worries and within our Framework for Making Good Decisions to plan effective interventions that are proportionate. These are the principles governing our approach:

1. **Empowerment:** People being supported and encouraged to make their own decisions and we act with informed consent.
2. **Prevention:** It is better to take action before harm occurs.
3. **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting safeguarding issues.
4. **Proportionality:** The least intrusive response appropriate to the risk presented.
5. **Protection:** Support and representation for those in greatest need.
6. **Accountability:** Accountability and transparency in safeguarding practice
7. **Restorative:** Strengths based approaches in work with families

Partnership working arrangements

From the outset in responding to Working Together we were clear that Kirklees intended to maintain an inclusive partnership, a partnership in which all agencies, whether described as 'statutory' or 'relevant' saw the role they had in safeguarding. We have maintained that position which has been an important element of strengthening our approach to improvement. Safeguarding is and remains the responsibility of all agencies.

The Safeguarding Executive is the key decision-making body and consists of the executive leads of the three statutory partners, the Independent Person and the partnership business manager with relevant agencies invited as appropriate to the business. This supports us in ensuring the business of the Safeguarding Children Partnership is efficient and effective, that deadlines are met, and that work is strategically guided and overseen.

There are a number of subgroups, progressing activity based on the business planning, including Safeguarding Effectiveness, Practice Review and Audit, Contextual Safeguarding and Learning and Development. These have been supported by short term task and finish groups this year, concluding work on Neglect, Peer on Peer abuse and Early Support. We have worked collaboratively with other Partnerships on issues relating to Domestic Abuse and Sexual Violence – the latter being a key theme for the Police and Crime Commissioner in 2020.

In addition, the main partnership meets quarterly, discussing safeguarding themes and progressing key areas of policy and practice development. The published arrangements can be found through the link below or on the website. It is planned to review these during 2020/21.



What do we know about children in Kirklees

Key Needs Data ([Kirklees Observatory](#))

The information in this part of the report is taken from the Kirklees Observatory, the link for which appears above. Kirklees is the third largest metropolitan authority, by area in the UK. It has a unique mix of urban and rural with around 11% being inside the Peak District National Park.

Population density figures illustrate the complexities this brings, with 2.7 persons per hectare in the rural areas compared to 47.3 in urban areas. There is a population of 440, 000 residents, with a roughly 50:50 split between male and female. Around 0.6% of the populations identify as transgender.

Almost a quarter of the population 100,174, are children and young people under the age of 18. 1 in 8 children have a special Educational need or disability.

Kirklees is an ethnically diverse population, 21% of the total population are from an ethnic minority, around 92, 000 and 15% are of South Asian origin. Pakistani is the largest ethnic minority grouping of South Asian origin with Indian making up the remainder. The remaining 6% of the BAME community, is made up of African, and African Caribbean in the majority, this grouping has grown faster than other comparable group in the last two decades.

Communities are clustered in key parts of the Borough, with South Asian settlement in Dewsbury, Batley and to a lesser extent Huddersfield.

There are significant inequalities across the communities of Kirklees, and those from ethnic minority background are more likely to experience inequalities when compared with the overall population. This includes issues relating to employment status, fuel poverty, and health. As well as inequality this also creates issues relating to participation in the wider community.

English is not the first language for 3 out of 10 school aged pupils. In 2018 22% of new births were to non-UK born women.

In relative terms the Indices of Deprivation show that Kirklees is now more deprived than other comparator authorities.



The focus of improvement work over the last year has been not just to improve Kirklees position in relation to benchmarked data but to significantly improve the outcomes for children by offering the right help, at the right time and for the right duration. Front line practice and the quality of decision making through reflective quality decisions has been important.

In 2019 a major milestone in the improvement journey was achieved when Ofsted determined that Kirklees Children’s Services were no longer ‘Inadequate’ in relation to the services it provides to the most vulnerable children. In July 2020 recognition of the continued improvement in Kirklees was confirmed by the lifting of the final element of Department for Education supervision, with the removal of the Improvement Notice by the Secretary of State. The review undertaken by Department for Education and Leeds Relational Practice Centre concluded that it *“found clear evidence that Kirklees Children’s Services is committed to and has continued to improve and that the conditions set out for each of the six tests set out in Improvement Notice have been met. In the time since July 2019, Ofsted inspection of the authority has demonstrated its determination and ability to improve services and outcomes for children and young people.”*

These six tests for the sustainability of improvement were outlined by the Children’s Services Leadership Team. These were:

1. Well-functioning Corporate Services
2. Stable Leadership
3. Continued Improvement in the Quality and Effectiveness of Practice
4. Strong and Supportive Partnerships
5. A Compelling Strategy for the Workforce
6. Effective Performance Information and Quality Assurance

Progress and improvement were evidenced in each of these domains. Of particular importance to the developing Partnership arrangements under the new Working Together Framework was number 4. Partners in Kirklees have sought to align activity with a shared determination to improve service delivery to children and their families, at the heart of which is an acceptance of relationships that include challenge and support.

The Partnership Learning and Quality Framework utilises a range of intelligence including, performance data, information from Enable audit, learning from serious cases and national reviews to support improvement. Intelligence and analysis from the Partnerships subgroups ensures a shared responsibility to drive continuous improvement activity and embed learning.

At October 2020, the numbers are as follows:

Category	CIN Only	CPP	LAC	Care Leavers
Numbers	886	272	264	264

This compares favourably with statistical neighbours and with England averages.

The strengths in partnership working are illustrated by the response to the COVID-19 pandemic and maintaining a clear line of sight to the Boroughs most vulnerable children. Through the development of strong locality based Early support and effective social work leadership, the partnership was able to receive high levels of assurance that the most vulnerable children were being seen. The Table below from Children’s Services is a snapshot of assurance data provided to the Partnership.

October 2020	Children that are looked after	Children on a child protection plan	Children with a child in need plan
How many children do you have in the following groups	675	291	696
How many of the children in each group have been seen or contacted by their social worker in the last 4 weeks?	650 = 96.2%	291 = 100%	647 = 93%

What do Young People say



Making a difference in Kirklees

A key strand of improvement work in Kirklees has been to improve the voice of children and young people at all levels. This includes at front line practice, in the design and delivery of services and in engaging young people in shaping strategy, including the future of Kirklees as a place. As well as being a key strand in the Governance arrangements as outlined above, the work with young people in the Safeguarding arrangements has continued to contribute to the work of the safeguarding Business Plan. Building on the consultation work with young people in 2018 as part of the Business Plan we have continued to engage the same young people in monitoring progress against the plans they set with the Partnership. This includes work on safety in the town centres, communication channels, healthy relationships, gang activity and peer education, domestic abuse and mental health, staff training on young people's voice and developing improved support to young people who are housing tenants. Some of this material can be accessed here:

www.kirkleessafeguardingchildren.co.uk

Senior leaders from key agencies alongside the Independent person have continued to meet with young people as part of the scrutiny role. This work is important to the safeguarding partners and we have sought to follow a model that allows us to build and develop this going forward. As we embed the new arrangements, we have set out an intent to build on scrutiny activity with young people at the centre alongside finding new mechanisms to engage parents.

Young People have shared their time, views and ideas generously in great work with different services across Kirklees in agency consultations. The results of this have created change these are some examples:

Developing a Youth Practice Model: Young people contributed to the development of a model of service provision to young people to support young people at risk. The development of a Youth Engagement Model, bringing a number of services together and unifying the offer to young people in a seamless way.

Sexual Health Services

Development: Initially developed to support identified vulnerable young people, the services have expanded to offer a wider service. This includes outreach work, the development of community pharmacy support at a district level and signposting.

Developing a young tenants Forum: Following consultation reported in last year's Annual Report, KNH developed a performance indicator for the Tenancy team to engage with tenants under the age of 25. This work has supported the development of work with Conscious Youth and Positive Stepz to redesign housing pathways. In addition, the 47 Tenant and Resident Associations have been supported through a Social investment fund to develop local projects, and this year 50% of those were aimed at young people.

The voice and inclusion of children and young people are a key underlying principle of restorative work with families.

We have also heard the voices of children and young people through the corporate parenting work and the further development of the in care councils and through the work of our partners in the voluntary sector, including the work of the Brunswick Centre. The Brunswick Centre have helped the Partnership ensure that the voice of young LGBT people is listened to and heard.

What Young People said about working with us

Senior people have come to me- rather than me go to them and were interested

I know I've made a difference

I've been treated with respect and valued

Senior leaders have listened and acted on feedback

I was able to talk to the police about town safety and what me and my friends thought

Engaging our workforce

The transition to the new arrangements in September 2019 opened up opportunities to engage differently as a safeguarding partnership with front line staff from all agencies. The multi agency system in line with the changes in partnership approach as a response to Working Together 2018, has looked at activity through a practice lens when we have been able to do so.

We have actively sought to engage, listen, discuss and learn with our workforce on safeguarding issues that are complex and to develop learning from their insight into key practice issues. The development of a more flexible approach to learning reviews for example, opened up the chance to engage practitioners in a number of key areas of practice areas this year. This has included:

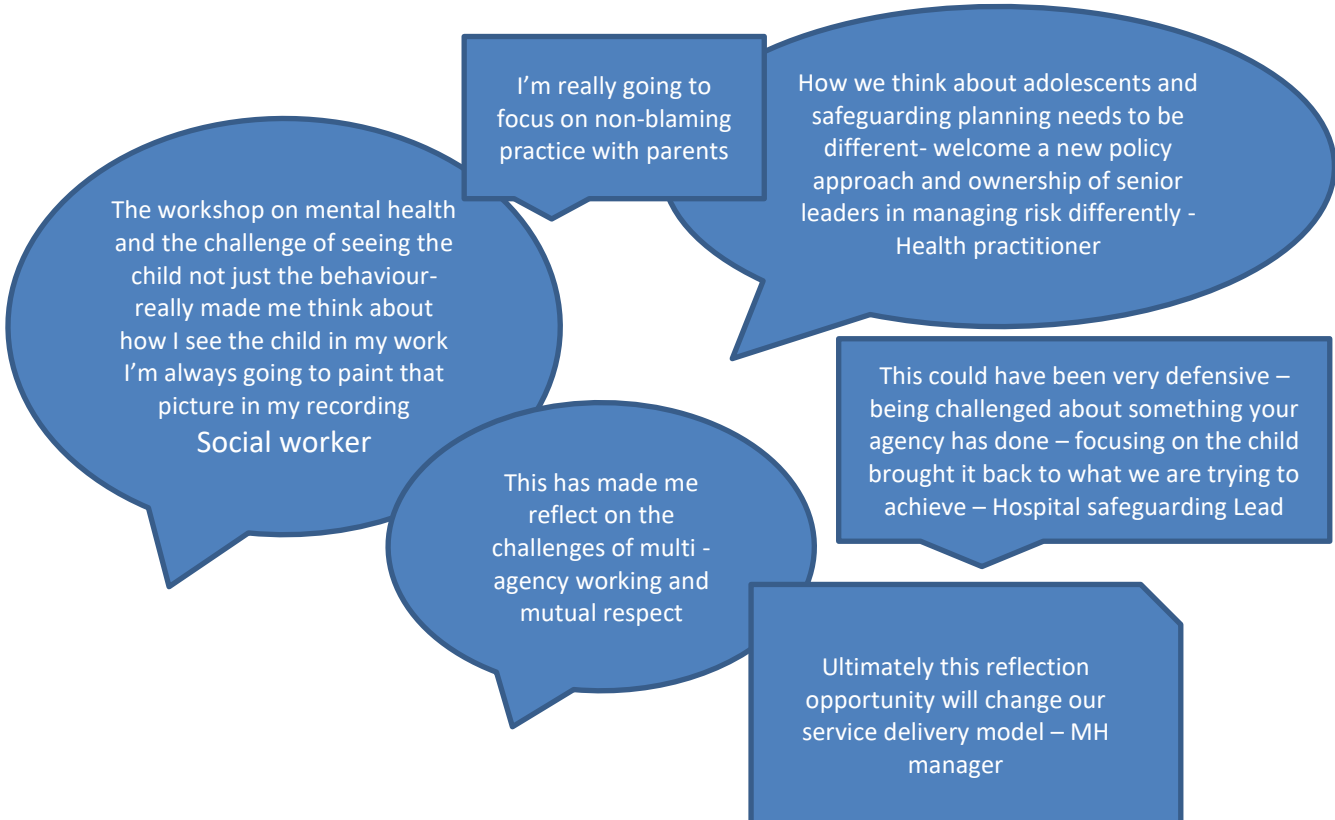
- ✓ Serious youth violence
- ✓ Child sexual abuse
- ✓ Child and Adolescent Mental Health
- ✓ Contextual safeguarding and planning approaches

We have learnt a lot from this approach and it has enabled senior leaders to be aware of the challenges in dealing with cases at a casework level. As well as providing an opportunity to hear from practitioners about what works well and what doesn't. In a response to Covid much of this activity has been in a virtual world, nevertheless it has supported a building of multi-agency relationships and a greater understanding of the practicalities in each agency. The learning from these events can be translated into a number of headings; ***Strategic asks, practical solutions, good practice and workforce development***. The case Study material later in this report gives examples and some insight on how these issues are being acted upon.

At the time of writing this report, further activities are already planned as we recognise that engaging our workforce, not only supports us in embedding learning on key themes but also enables us to support ongoing workforce training, facilitate a more collegiate approach to challenge and highlight areas of practice that work well.

The move to this approach is much welcomed by staff, who, particularly when working in a virtual world have wanted to contribute, learn and make a difference – We want more ! is the theme of feedback.

We firmly believe that working in this way has helped us to strengthen and to improve front line practice and in seeking to answer the Question – *Have we made a difference* , the evidence is clear and illustrated by the examples below.



Working with other Partnerships

Inter-Board Working

There is a recognition that many of the issues and challenges we face are not solvable by the Safeguarding Children's Partnership alone. There is a requirement to recognise that some issues are complex and represent the challenges and complexities of life between children and young people, their families, peer group and neighbourhood.

In addition to the core partnerships, of Children's Safeguarding, the Adult Safeguarding Board, Community Safety and the Health and Well Being Board there are other specialist multi-agency boards and groups that co-operate and collaborate to ensure the well-being of the people of Kirklees. As a Safeguarding Children Partnership, we actively engage with their work, this includes:

- The Adult Safeguarding Board
- The Community Safety Partnership
- The Youth Justice Management Board
- Corporate Parenting Board
- The Children and Young People's Partnership

In Kirklees until recently we also had in place an Improvement Board, independently chaired, and with a focus on driving Improvement as highlighted above. Following the successful and demonstrable progress in implementing the ten-point Improvement Plan this has now ceased to operate and has been superseded by a new Ambition Board.

Collaboration and cooperation are enshrined in a joint working Protocol, developed together and agreed through the Health and Well-Being Board in its strategic leadership role. The establishment of the joint protocol has allowed a greater focus on cross cutting themes that have a role for each of the partnerships and which impact greatly on the quality of life for some of our residents.

In addition to the above the partnership with the Office of The Police and Crime Commissioner has also been strong, we have undertaken joint activity on issues such as Child Sexual Exploitation and working with the Adult Safeguarding Board to address issues raised by the PCC report into Sexual violence in West Yorkshire.

There are also strong links with regional colleagues, our Senior Leader representatives are involved in professional regional networks across Yorkshire and Humberside and in addition the Kirklees Partnership is involved in the Yorkshire network of Business managers and Independent Chairs/scrutineers. All these opportunities have created chances to share good practise and learning. The partnership has embraced the opportunity to network, share good practice and be outward focused to drive improvement and innovation.

Joint working opportunities some examples

The Independent Person for the Children's Safeguarding Partnership, the Chair of the Adult Safeguarding Board and the Chair of Community Safety meet quarterly and consider issues and challenges in developing a coordinated response. Below illustrates the collective impact

of working across traditional boundaries using two examples of services coming together to improve outcomes for children and young people.

A focus on ensuring Domestic Abuse, across the Children's Partnership, Adult Safeguarding Board and Community Safety: A focus on children living with victims and perpetrators

- Contacting schools and promoting engagement, discussing issues and finding resolution.
- Working through how we involve other universal services such as health into these incidents of domestic abuse - GPs and 0-19 service. Feeding information into Early assessments
- Recognising that it is important for agencies to use consistent language; we cannot minimise the impact of domestic abuse on the emotional health of children; this links to learning from Domestic Homicide Reviews.
- Using information to support the service specification for emotional and mental health wellbeing services. Linking to our work on the impact of ACE

A focus on serious youth Violence – Working across the Children's Partnership with Community Safety and Youth Justice Management Board

- Learning Together from Serious cases
- Joint Audit activity
- Practitioner events, with a focus on Prevention, assessing risk, Improved planning
- Managing Community issues
- Changing policy approach to draw in learning from University of Bedfordshire national work

Understanding sexual violence – Working across the Children's Partnership with the PCC office, Adult Safeguarding and Community Safety

- Developing a joint response to the challenge of the PCC report
- Undertaking a joint audit of some sexual violence cases
- Undertaking learning activity to raise awareness of the issues and challenges
- Linking this response to work with Adult survivors of CSE



Key Practice Themes and Messages

We undertook a considerable amount of work, reported last year in relation to how we make decisions regarding safeguarding as a professional safeguarding system. We developed “A Framework for making Good Decisions” and have continued to work with Professor David Thorpe to improve contact and referral quality, to make the discussions between professional focused and sharp and to ensure that decisions reflect the best outcomes wanted for each child and young person as an individual. Building regular opportunities to reflect on decision making and encouraging discussions with practitioners from all agencies using case work examples has continued to maintain the quality of discussions around risk and need and supported good decision making in safeguarding practice. The Multi- Agency weekly referral meeting has facilitated effective and timely dialogue on cases at each stage in the safeguarding process, this has improved decision making, understanding and good escalation and dispute resolution in a timely way.

The work of the Partnership on Early support and the important link to community and neighbourhood working has developed and improved practice in this area. There is a greater understanding that early help and support to families is greater than that provided by the Local Authority Early Support service alone. The role of universal services, particularly schools and 0-19 Health practitioners and the third sector has become a vital element of what can support families at a community level. This has been evidenced in assurance to the Partnership in response to COVID-19.

In responding to the COVID-19 pandemic and ensuring a line of sight to our most vulnerable we will continue to monitor Early Support carefully going forward. There have been good levels of assurance provided to the Safeguarding Partnership and many community-based services have gone above and beyond to support families in crisis at this time, as well as supporting families before a crisis occurs. This includes strong support on home learning, food poverty work, access to community support.

We have also in the last year:

- ✓ Developed the learning and quality assurance framework.
- ✓ Introduced tools and a pathway to with peer on peer sexual abuse
- ✓ Implemented tools to support safer sleeping
- ✓ Developed and implemented new tools to support management of neglect
- ✓ Implemented locality discussions re casework and Early Support
- ✓ Implemented a comprehensive case review process, including Rapid Reviews and Learning Reviews
- ✓ Increased learning opportunities through online briefings.

Learning from Reviews

In the financial year 2019/2020 KSCP carried out 4 Rapid Reviews, and 2 CSPR. The main referral reasons for the Rapid Reviews differed quite widely and ranged from physical injury, serious youth violence, to murder.

Referral reason	2019 -20
Neglect	0
Physical abuse	1
Sexual abuse	0
Fabricated illness	0
Murder/attempt (CSPR)	1
Trafficking	0
HBV/FM (CSPR)	1
Suicide (Local Review)	1
Serious Youth Violence (Local Review)	1

Number	2018-19	2019-20
Serious incident referrals to KSCP	9	9
Rapid Reviews	3	4
Local Case Reviews (not referred to the Panel)	1	3
SCRs / CSPR	2	2

Cost: The average cost of paying a Lead Reviewer has come down significantly over the last three years. This has been helped by reviews being supported locally by the Independent person and by greater support by members of the Practice Review and Audit subgroup and therefore no additional payment was incurred.

Time: The length of time taken to complete a review has also come down significantly in 2019-20. Once again, the use of Practice Review subgroup members has had an impact on reducing the number of days taken to complete a review as well as reducing costs.

Learning: Learning is shared via a range of methods e.g.: Seminars, 7-minute briefings, reflective discussions and E bulletins and we have reinforced as a partnership the need to disseminate key learning within agencies.

Learning from Reviews is captured and monitored in terms of single and multi -agency action on the learning points via the Section 11 audit process. This is no longer a static event

in Kirklees, with agencies expected to regular update and maintain a record of learning activity alongside evidence.

Analysis of partnership recommendations from reviews over the last three years undertaken in preparation of this report identified that the practice areas highlighted in partnership recommendations were:

- Managing risk and effective decision making
- Information Exchange
- Children’s Mental Health & Emotional Wellbeing
- The impact of Neglect in Families
- Resistant Families and disguised compliance

Recent referrals and reviews have highlighted the following new emerging issues:

- Planning for Young people as parents
- Neglect
- Serious Youth violence and exploitation
- Appropriate support for children who have suffered sexual abuse

National Review - Sudden Unexpected Death in Infancy

Kirklees was one of the areas involved in the National Child Safeguarding Practice Review Panel - Review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm. There was some strong practice shared at the interagency discussion group with the lead Reviewer, including local advice and support on co-sleeping and risk. The learning from this work has been shared with partners.

National Review – Serious Youth Violence

Although Kirklees didn’t have cases included in this review. The final published report provided the basis for local audit activity and a learning event across the Safeguarding partnership with the Youth Justice Management Board and Community Safety. The National Review findings have been shared and disseminated and have formed part of our own action in relation to Serious Youth Violence.



Evidence of Impact on Priorities

We have sought to enhance our understanding of performance and to link this closely to our learning capability as a partnership.

We have implemented our Safeguarding Effectiveness strategy and a Learning and Development Framework, and this is overseen by the work streams of the Partnership. The Diagram below illustrates how this works in practice and in the operation of the Partnership.



A copy of the safeguarding effectiveness framework can be found on the Partnership website.

There is a multi-agency scorecard of key performance measures, charts and a short narrative for each measure is produced on a quarterly basis. Health colleagues collaborate to produce an integrated report in relation to health performance of Trusts and this is linked closely to the CCG role in overseeing commissioning and quality. A summary of performance is captured and discussed at the Safeguarding Effectiveness Group.

An Example of linking performance, challenge and change

Following consideration of the numbers of children subject to plans in relation to Sexual Abuse and considering the Joint Targeted Area Inspection findings Kirklees conducted a multi- agency audit in relation to the issue of CSA. The hypothesis being that numbers in Kirklees on a plan with a primary cause of CSA was too low. The resulting report and findings formed the basis for a multi -agency discussion group focused on the reasons why this might be the case. The result of the discussions – a report from the safeguarding Effectiveness group has resulted in coordinated actions as follows:

- Raising awareness amongst practitioners
- Improved training offer and work on a toolkit to support practitioners.

Exploitation and Contextual Safeguarding

We know that good leadership and governance are critical to be successful. There are a range of boards, groups and people who have some aspect of contextual safeguarding as part of their remit, with the KSCP taking a partnership lead.

There has been continued engagement with the work with the University of Bedfordshire this year. Providing an opportunity to link with other authorities and to exchange learning. The strategy to tackle Exploitation has been enhanced and rolled out across agencies. There is clear evidence of a joined-up approach with the strands of Prepare, Prevent, Protect and Pursue bringing together leads from the wider network of partners and partnerships. There has been work completed on early identification of young people at risk and this has included a pathway for those displaying characteristics of Harmful Sexual behaviour. Learning from work with adult survivors, new support packages have been developed and put in place, including good mental health support alongside practical support on day to day issues.

The CSE offer to support staff learning has been enhanced, reflecting current practice and take up is good. Police colleagues have supported awareness training on disruption activity, so that the focus on perpetrators is not lost. In addition, the link to intelligence sharing and local mapping has been emphasised across all professional networks.

Early Support

The partnership established a short-term task and finish group to consider Early Support and to drive improvement. The service has worked hard to engage a wide network of professionals and to embed understanding that Early Support is more than what is offered by the Local Authority alone. The strategy has been rolled out and work undertaken on establishing clear performance indicators that measure engagement and impact. These now form part of the combined data set for the partnership. Locality referral panels are established and working, recognising the unique nature of Kirklees's communities and

harnessing their strengths and diversity, highlighted in a previous section. The delivery of Early Help and support has supported individualised planning focused on identified need and local challenges. This in turn led to work on supporting vulnerability and isolation during COVID-19 and supported more detailed analysis on Education at Home and children Missing Education.

Understanding Childhood Trauma

Work in this area has focused on a number of key areas, these have included:

- Learning from case examples
- Considering the CAMHS offer
- Working to revise the offer for early identification and support

The Partnership has embedded the approach of Adverse Childhood experience into a number of key strategies, including the work on Neglect and the Practitioner Toolkit.

In all the work undertaken on priorities there has been an emphasis on learning from young people. The consultative work referred to earlier in this report has considered young people's views on the priorities and incorporated their direct experience into the learning.

Case Study - Early Support

Background: Referral from school, single mum separated from father of her children. Father inconsistent in contact which the children aged 6, 8, 10 struggles with, acting out the frustration in behaviours at home. Mother is struggling with getting children into school regularly and with the bills. The washing machine has broken, and she can't afford to replace it and washing is piling up at home, with the children often appearing dirty and unkempt.

What was done: After screening case was referred with mum's agreement to early support. A meeting was held with school and with 0-19 practitioner. Support was offered in managing the contact with dad and in explaining the consequences of his inconsistency for the children. Through a local community group, a second-hand washing machine was provided, and mum was directed to a local women's community group to support her – attending this led her to disclose she was struggling with her mental health. She was able to be supported to talk to her GP.

What we learnt: The Early support approach at a locality level supports the identification of local support. The quick response and focus on relationship building supported mum to disclose her poor mental health without fear that to do so might lead to her children being removed.

Case Study – Serious Youth Violence

Background: Three serious incidents, involving youth violence, unrelated but with some commonalities. The cases involved young people involved in suspected gang related activity, with adults operating at the fringes. In each case the safeguarding and statutory responses had been followed, with CIN and CP planning processes in operation. The question asked, was what could we do differently?

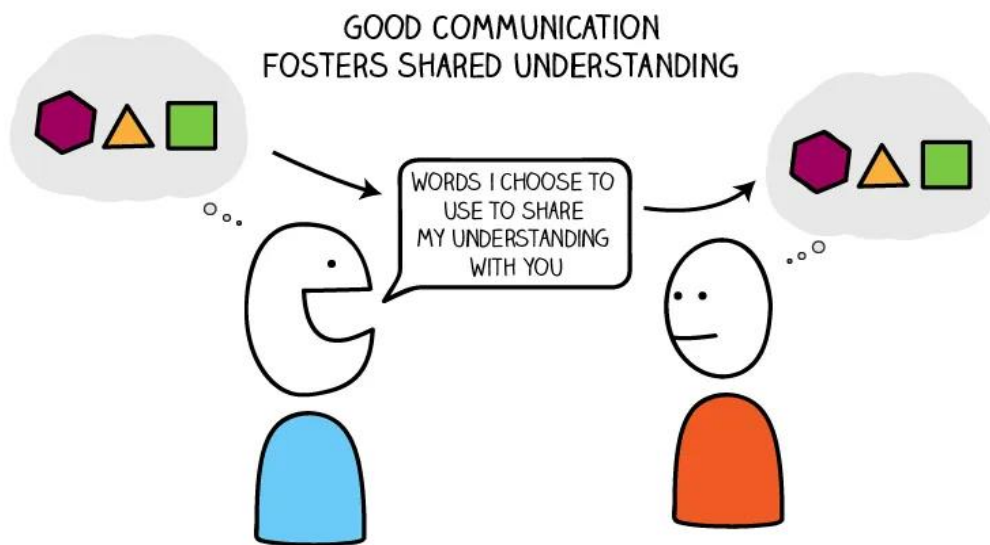
What was done: A multi- agency audit was completed, and an outline report of emerging issues developed, this was the precursor to a practitioner event to discuss the issues, culminating in a final report highlighting areas to act upon.

What we learnt: The critical role that education plays as a stabilising factor in children's lives was a common theme. The opportunity to reflect highlighted that in the cases with strong parental support that traditional safeguarding routes simply penalised and blamed them. In all the cases they had become exhausted by the behaviour of their children and were struggling to cope. The work re-emphasised the restorative approach and highlighted the need to think differently, building trusted relationships with young people and putting them at the centre.

Communication and Engagement

We have launched a brand new website and have agreed content to support that development. This platform has supported improved access to tools and resources to support awareness and learning.

We issue regular updates to our partners throughout the year and have organised special COVID-19 Briefings on Safeguarding Children. We are active in circulating learning from SCR and CSPR and in distributing learning from national work within the National Panel, NHSE, and DFE and from the Police. We regularly seek assurance from inspection activity both in seeing reports and in asking for progress on actions.



Independent Scrutiny

Sheila Lock - Independent Advisor and Chair

Scrutiny Activity - I have attended and chaired Partnership and Safeguarding Executive Meetings. I have been accessible to senior officers between meetings. I meet regularly with senior colleagues from The Local Authority, CCG and the police and have also liaised closely with Trust colleagues. I have met with children and young people and read the reports from corporate Parenting board.

I have contributed to and provided feedback on key documents commenting on effectiveness and what has been working well; for example, the vulnerability toolkit, the Early Support Framework, the revised case review processes; and the swift and effective assurance response in March to the COVID 19 Pandemic.

I have provided advice and guidance where required to support the operation of the business unit and provided independent advice on case reviews including communication and liaison with the national Child Safeguarding Review Panel. I have scrutinised reports coming to all meetings. In addition, I have chaired rapid reviews and notes from the work streams I am not involved with. Providing feedback and challenge as appropriate.

I have completed four scrutiny exercises, building on multi -agency audit activity. These are: work in relation to Child Sexual Abuse; Serious Youth Violence; CAMHS, and effective planning involving young people. I have also worked closely with the LA in response to the Ofsted Inspection and was a member of the Improvement Board. This has included focus on key themes e.g., performance information, risk assessment and decision making, information sharing, late or no escalation of concerns, over optimistic thinking, and contextual work.

I also contributed to the work on the development of RHSE vision to be implemented by schools, with cognisance of the safeguarding implications.

Through this activity I have identified the following:

Evidence of Effectiveness

- ✓ Effective progress and development of the partnership to a fully implemented partnership – initial transition implementation plans were completed.
- ✓ I have observed at first hand a positive partnership culture which is reflective and has high ambition for continuous improvement.
- ✓ Relationships are good and mutually supportive, including openness to challenge.
- ✓ Attendance at all meetings is consistent and regular, with a high expectation of contributions from all.
- ✓ This report includes strong evidence of engagement and listening to the views of

children and young people and providing learning and guidance for practitioners.

Areas for Monitoring

- ✓ There is a need to embed the performance monitoring further and the revised data availability will assist
- ✓ The timeliness of CPS decision making remains a concern, particularly given the uncertainty this creates.
- ✓ There is a need to embed and widen the scrutiny role to involve more young people and parents
- ✓ There is a need to embed young people led planning.
- ✓ Funding still brings uncertainty in the longer term and there remains a need to find a more equitable longer-term funding base.



Strategic Priorities for 2020/2021



Action Priorities: These are the key areas that the Partnership will address in its business plan and why they are priorities

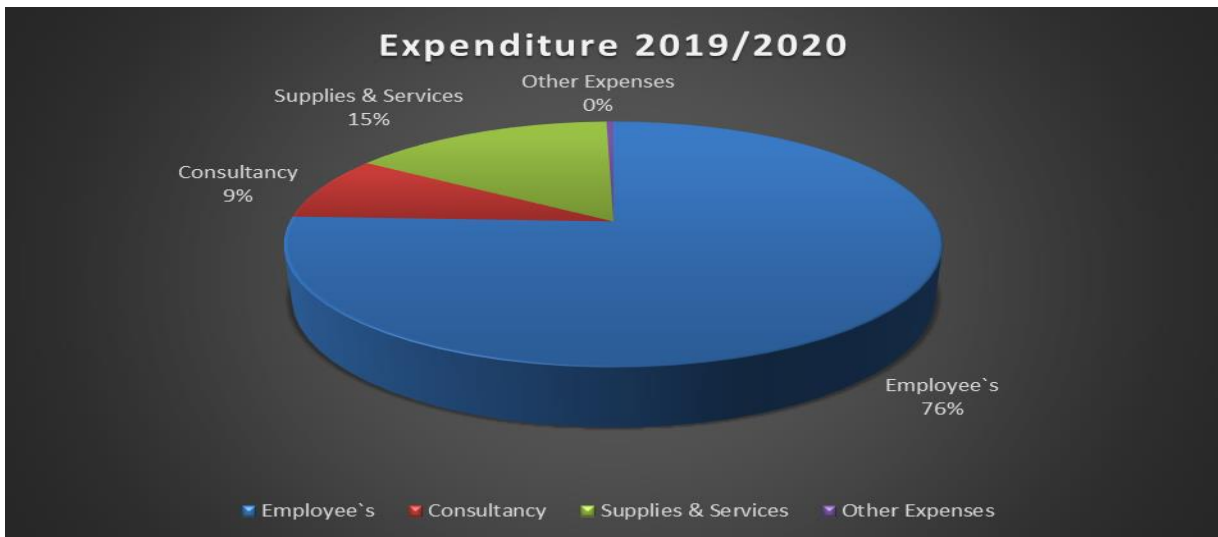
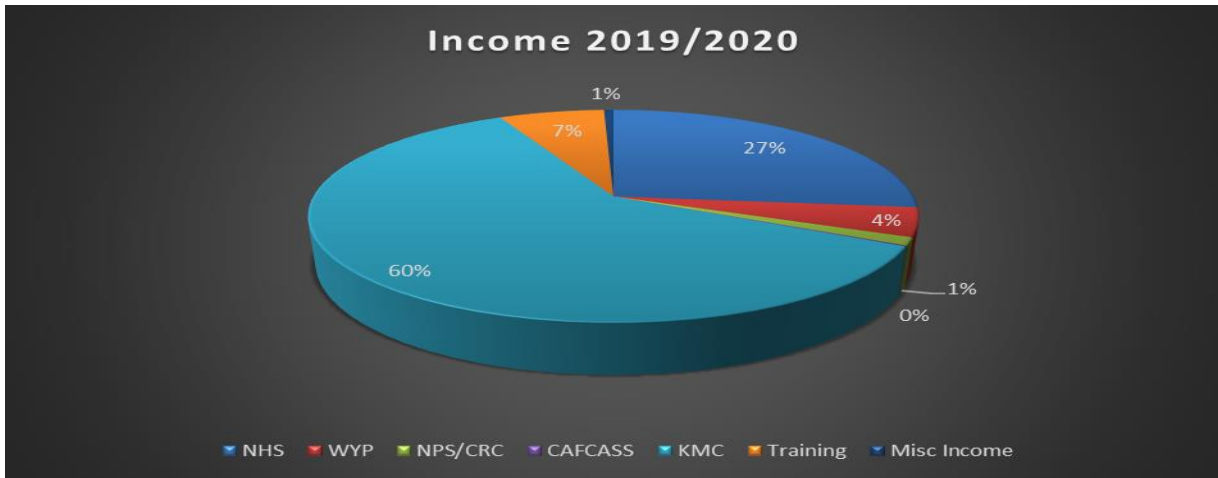
Priority 1: Domestic Abuse and children in households where DA is a feature	COVID-19 has highlighted the risk posed by isolation and Domestic harm and the impact on children. This includes all forms of abuse and the way in which we conduct multi -agency risk assessment work
Priority 2: Child Criminal Exploitation/Abuse	This remains a key priority as we know that children continue to be harmed. It is the core of the safeguarding work of the partnership and is expected to remain so on an ongoing basis
Priority 3: Young People and mental health including response to ACE	This is a recognised need arising from a number of areas where trauma early in childhood has long term consequences
Priority 4: widen the scrutiny function to include young people, parents and practitioners	We have strengthened the partnership and now want to develop scrutiny of safeguarding arrangements, so it is not vested simply in a person or role.

Assurance Priorities: These are areas that we will continue to assure ourselves of

Assurance Area 2: Use of technology, and ensuring it is not a barrier to effective practice	
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Appendices

Appendix 1:



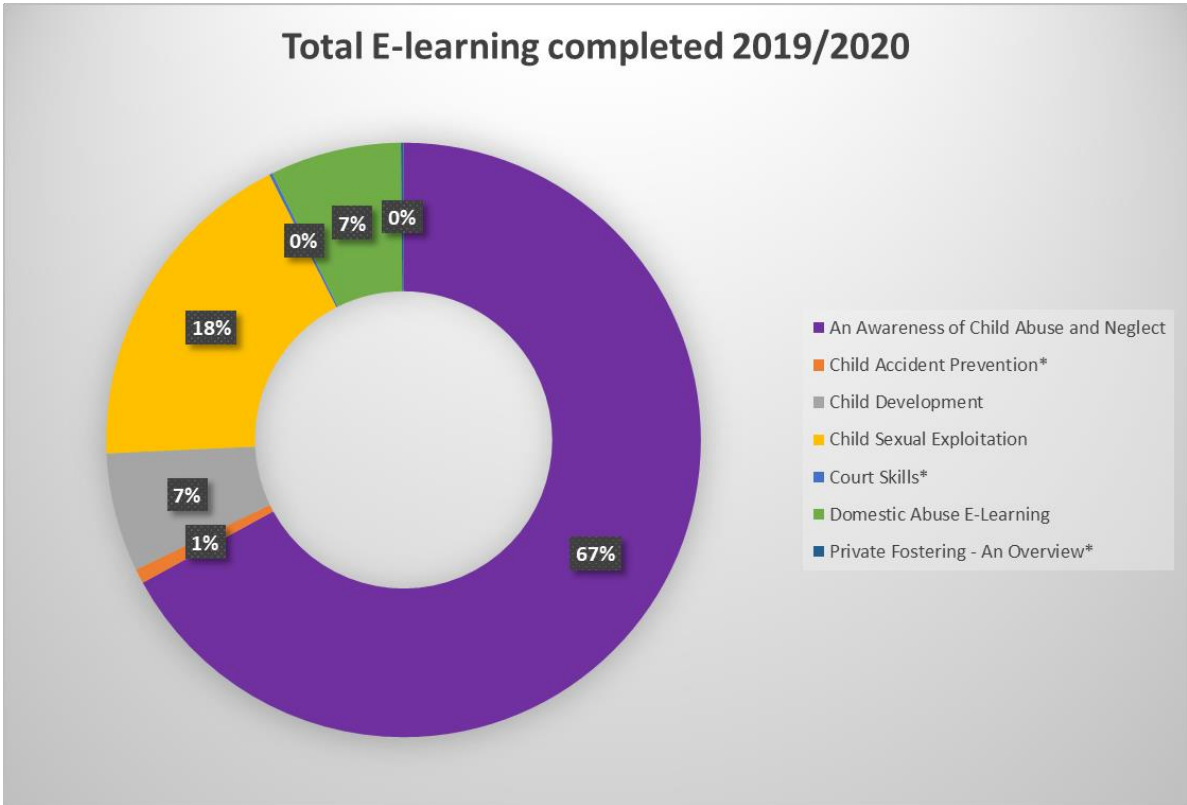
Appendix 2:

Workforce Development - Key Achievements 2019-2020

- There is a well-established training offer and training pool with a strong team ethic and relationships with a range of partners: utilising each other's strength, role and influence. This has saved expenditure by utilising the skills and experience of trainers from partner agencies.
- We have developed additional training with using a key provider and experts to respond to specific training needs
- There has also been a significant Increase in attendance from the voluntary and private sector
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E-Learning

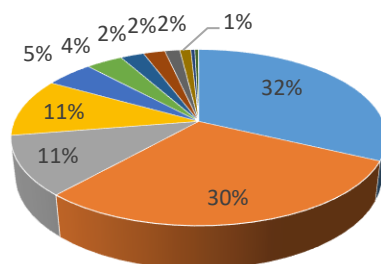
E-learning Course	No. completed
An Awareness of Child Abuse and Neglect	4760
Child Accident Prevention*	56
Child Development	459
Child Sexual Exploitation	1298
Court Skills*	12
Domestic Abuse E-Learning	507
Private Fostering - An Overview*	10
Total number of completed training	7102
<i>*Below E-learning on previous training system until 31.7.2019:</i>	
<ul style="list-style-type: none">• <i>Child Accident Prevention</i>• <i>Court Skills</i>• <i>Private Fostering - An Overview</i>	



Classroom Training

Breakdown of Agency Attendance for classroom training	Count
Kirklees Council	791
Education	729
Voluntary / Charity	268
Health	265
Private Sector	121
Housing	93
Justice/Offending/Public Protection	60
Outside of Kirklees Council Local Authority	55
Calderdale and Kirklees Careers	38
Other	28
Drug and Alcohol Services	10
Employment	9
Religious	1
Grand Total of completed classroom training	2468

Breakdown of agency attendance for Classroom Training



- Kirklees Council
- Voluntary / Charity
- Private Sector
- Justice/Offending/Public Protection
- Calderdale and Kirklees Careers
- Drug and Alcohol Services
- Religious
- Education
- Health
- Housing
- Outside of Kirklees Council Local Authority
- Other
- Employment

	Number of sessions	Course Title	Number of Attendees
	1	Kirklees Safeguarding Week - Disguised Compliance	18
	1	Achieving Best Evidence - Train the Trainer	4
	3	Advanced Neglect	45
	2	Channel Awareness Briefing	9
	3	Child Exploitation: Using Contextual Safeguarding Approaches to Keep Young People Safe	66
	1	Child Sexual Exploitation for Practitioners	18
	2	Contextual and Complex Safeguarding	22
	1	Contextual Safeguarding Conference	9
	4	Domestic Abuse Level 2	34
	3	DRAMM and MARAC in Kirklees	28
	4	DSL - Refresher	122
	5	Forced Marriage, Female Genital Mutilation & Honour Based Violence	83
	2	Harmful Sexual Behaviour	33
	9	Human Trafficking & Modern-Day Slavery Workshop	327
	4	Impact of Domestic Violence	71
	4	Impact of Parental Mental Health	70
	4	Impact of Parental Substance Misuse	53
	4	Improving Assessments in Child Safeguarding	56
	3	Introduction to Child Neglect	43
	1	Lessons Learned: Using Reviews to Prevent Serious Harm to Children	12
	12	Making a Positive Contribution to Child Protection	190

		Conferences and Core Groups	
	1	Masterclass - Pornography, Sex, Pressures and Social Networks	12
	2	Neglect	13
	5	Online Safety	52
	4	PREVENT WRAP Sessions	50
	4	Reducing Parental Conflict - Train the Trainers	56
	1	Reducing Parental Conflict Module 1 - Parental Conflict and Its Impact on Child Outcomes: Interpreting and Using the Evidence Base	10
	2	Reducing Parental Conflict Module 2 - Recognising and Supporting Parents in Parental Conflict: Applying Knowledge, Skills and Techniques	20
	2	Reducing Parental Conflict Module 3 - Working with Parents in Conflict: How do I support, refer or intervene?	15
	1	Reducing Parental Conflict Module 4 - Reducing Parental Conflict: The Role of Supervisors and Managers	3
	5	Roles and Responsibilities of the DSL	51
	1	Safeguarding Briefing: Keeping Kirklees Safe: Gangs, Domestic Abuse, CSE and Trafficking	24
	1	Safeguarding Children: Pornography, Sex, Pressures and Social Networks	15
	1	Safeguarding Newly Arrived Families and Unaccompanied Asylum Seeking Children	19
	5	Safeguarding Skills	60
	4	Safeguarding Skills for Managers	46
	1	Safeguarding Unaccompanied Asylum Seeking Children	6
	2	Sexual Abuse: Dispelling Myths & Reducing Risks	25
	1	Support for victims of Domestic Abuse to get "Do It Yourself" Civil Orders	20
	2	Train the Trainer	5
	5	Understanding Parental Learning Disability: Engaging Effectively & Managing the Risk	43
	1	West Yorkshire Train the Trainers	3
	24	Working Together to Safeguard Children	455
	6	Working Together to Safeguard Children - Refresher	108
	4	Young People and Substance Misuse	44
Total Courses		Total attendees	
158		2468	

Examples of impact comments from practitioners

“More confident Able to use appropriate resources to broaden discussion with clients. Greater understanding of decision making and referral protocols.”

“Gave me a great insight into parental mental which will assist in my practice and enable me to identify mental health issues.”

“The course was very strong on impact on children of DA and steps workers should take. I will look at how our projects can support more preventative work, influence greater use of DASH and safety plan tools.”

Key Challenges

- COVID-19 has meant all training has now moved online
- Evaluating the long-term impact of training on practice and outcomes effectively.
- Receive assurance of commitment from other Partnerships/Boards on their responsibilities related to workforce development and how they link with the Strategic priorities of the Safeguarding Partnership
- Some agencies not accessing the programme.
- Some courses cancelled due to low nominations despite being priority areas



Appendix 3:

Covid-19 Action

As a result of the national emergency in March the Partners identified that children and young people may now be spending significantly more time at home, potentially placing them at increased risk of harm and that opportunities to spot abuse and neglect may be reduced or for them to access support, in turn increasing their vulnerability. The Partners worked together guided by a command structure and quickly developed new ways of working and systems to support vulnerable children during this time. A few examples of what were done are:

KSCP circulated:

- ✓ A bulletin pulling together a range of information that all partners could access.
- ✓ A 7 Minute Briefing of Safeguarding Information for Volunteers.
- ✓ Updated national guidance on serious incident notifications, rapid reviews, serious case reviews and local child safeguarding practice reviews considering coronavirus.
- ✓ a variety of links to support Black, Minority Ethnic and Asian residents, including information on asylum seekers.
- ✓ The Children's Commissioner Children's guide to coronavirus to help explain the situation.
- ✓ Guidance developed by Trusts on Hidden Harm

Also, a detailed guidance note was provided to children's social care staff about new working arrangements. These continue to be update and included:

- ✓ Decision making flowcharts for face to face visits.
- ✓ Safety advice during visits.
- ✓ COVID19 risk assessment guidance.
- ✓ Guidance on virtual visits.
- ✓ Domestic Abuse.

Council staff were directed to public health advice on the Council intranet and staff in other agencies were similarly directed. Agencies responded with strong mental health and wellbeing support.

Appendix 4:

CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CIN	Children in Need
CME	Children Missing Education
CPP	Child Protection Plan
CSA	Child Sexual Abuse
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
CWD	Children with Disabilities
DA	Domestic Abuse
DASG	Domestic Abuse Strategic Group
DHR	Domestic Homicide Review
EHE	Elective Home Education
EHWB	Emotional Health and Wellbeing Board
ES	Early Support
FGM	Female Genital Mutilation
GCP	Graded Care Profile
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
KSAB	Safeguarding Adult Board
LA	Local Authority
LAC	Looked After Child(ren)
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MARAM	Multi-agency Risk Assessment Model
MFH	Missing from Home
NPS	National Probation Service

OCG	Organised Crime Group
PCSO	Police Community Support Officer
PRU	Pupil Referral Unit
SCR	Serious Case Review
SEN	Special Educational Needs
SUDI	Sudden Unexpected Death in Infancy
WYP	West Yorkshire Police
YPP	Young Person's Plan
YPVA	Young Person Violence Advisor