

Public Document Pack



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

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Wednesday 2 March 2022

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Virtual Meeting - online** at **2.00 pm** on **Thursday 10 March 2022**.

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

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

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

Julie Muscroft

Service Director – Legal, Governance and Commissioning

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

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

Member

Councillor Habiban Zaman (Chair)

Councillor Aafaq Butt

Councillor Bill Armer

Councillor Vivien Lees-Hamilton

Councillor Lesley Warner

Councillor Fazila Loonat

David Rigby (Co-Optee)

Lynne Keady (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Panel held on 9 February 2022.

2: Interests

9 - 10

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

3: Admission of the public

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

4: Deputations/Petitions

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

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

5: Public Question Time

The meeting will hear any questions from the general public.

6: Population Health Management 11 - 26

The Panel will consider an update regarding Population Health Management.

Contact: Emily Parry-Harries, Head of Public Health Tel: 01484 221000

7: Kirklees Safeguarding Adults Board 2020/2021 27 - 70

The Panel will receive the Kirklees Safeguarding Adults Board Annual Report 2020/2021.

Contact: Jacqui Stansfield, Service Manager, Kirklees Safeguarding Adult Board Tel: 01484 221000

8: Work Programme 2021/22 71 - 80

The Panel will review its work programme for 2021/22 and consider its forward agenda plan.

Contact: Yolande Myers, Principal Governance Officer Tel: 01484 221000

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday 9th February 2022

- Present: Councillor Habiban Zaman (Chair)
Councillor Aafaq Butt
Councillor Bill Armer
Councillor Vivien Lees-Hamilton
Councillor Lesley Warner
- Co-optees David Rigby
- In attendance: Dr Razwan Ali – Clinical Vice-chair NHS Kirklees Clinical Commissioning Group (CCG)
Rebecca Elliott – Public Health Manager Kirklees Council
Melissa Harvey – South West Yorkshire Partnership NHS Foundation Trust (SWYT)
Paul Howatson – NHS Kirklees CCG
Chris Lennox – SWYT
Dr Khalid Naeem – Clinical Chair NHS Kirklees CCG
Jessica Parker – SWYT
Emily Parry-Harries – Head of Public Health Kirklees Council
Emma Robinson - SWYFT
Catherine Wormstone – Head of Primary Care Strategy Commissioning NHS Kirklees CCG
- Observers: Councillor Alison Munro
Councillor Liz Smaje
- Apologies: Councillor Fazila Loonat
Lynne Keady (Co-Optee)

- 1 Minutes of previous meeting**
The minutes of the meeting held on 7 December 2021 were approved as a correct record.
- 2 Interests**
Cllr Lesley Warner declared an interest as a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.
- 3 Admission of the public**
All items were taken in public session.

4 **Deputations/Petitions**

No deputations or petitions were received.

5 **Public Question Time**

No questions were asked.

6 **Suicide Prevention**

The Panel welcomed representatives from Kirklees Public Health, South West Yorkshire Partnership NHS Foundation Trust and NHS Kirklees Clinical Commissioning Group (CCG) to the meeting.

Ms Elliott informed the Panel that suicide prevention was a complex area that required an integrated approach to tackling the issue which was why a number of NHS Partners were in attendance.

The Chair opened up the discussions to a question and answer session that covered a number of areas that included:

- A question on when the next suicide audit was scheduled to take place.
- Confirmation that suicide audits were done in three year blocks and that the next audit would cover the years 2019-2021 and subject to data from the coroner would be undertaken at some point this year (2022).
- A question seeking details of the work done by Thriving Kirklees Single Point of Access.
- Confirmation that the Thriving Kirklees contract had been commissioned to provide a single point of access for any young person or any family member who had concerns about their child.
- Clarification that the Thriving Kirklees Single Point of Access would provide a holistic approach to listening to the concerns of the young person or family member and provide a pathway to the right place for support.
- Confirmation that Thriving Kirklees was commissioned by Public Health Kirklees, Kirklees Council, Adult Social Care and Kirklees CCG and was delivered by a number of organisations led by Northorpe Hall.
- An overview of the demand in the numbers of people contacting Thriving Kirklees and the difficulties in anticipating demand during the pandemic.
- Details of the different ways that young people could contact support services including the use of text messaging.
- Confirmation that the Thriving Kirklees service was focused on outcomes.
- Details of the Thriving Kirklees contractual arrangements and the evaluation that had been carried out.
- A query on what educational and preventive work was carried out in schools.
- An overview of the Northorpe Hall training offer to schools on mental health and details of a campaign to promote greater awareness of self-harm in young people.
- An overview of the broader areas of the curriculum in schools where discussions on mental health could take place.
- Details of the work being done by the mental health in school's teams.
- A question on how the primary care decision tree that supported the joined up approach to identifying peoples mental health needs was working.

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- A question on how the additional resources that would be put into GP surgeries would work in practice.
- Details of how the decision tree would be linked into the primary care information system.
- An overview of the three-year programme of funding that would help enhance mental health expertise in primary care.
- Details of the pilot funding for the Trauma Informed Navigators working within Calderdale and Huddersfield NHS Foundation Trust.
- An overview of how the additional mental health roles in primary care would link to the work being delivered by South West Yorkshire Partnership NHS Foundation Trust (SWYT) Single Point of Access practitioners.
- A detailed explanation of the role of the local mental health teams.
- Details of the range of providers that were included in the local mental health teams and how people would be referred to third sector services.
- An explanation of what the term “contagion” meant.
- A question on the practical support that was available to young people and families and the importance of ensuring that the issue was properly covered in schools.
- A concern that there wasn’t sufficient funding to provide the level of support needed for young people particularly in school settings.
- An overview of the different projects that had taken place through the place based partnership funding.
- Details of the mental health intelligence pack that had been given to each place partnership to aid decision making on the investment of funds.
- The work that was taking place to look at the sustainability of some of the initiatives that had taken place through the place partnerships.
- The importance of school’s mental health teams helping to keep the profile of mental health high on the agenda and embedded in the school’s culture.
- The importance of the evaluation of the various place based partnership projects.
- A question on how outcomes were monitored particularly in relation to the additional roles within primary care.
- Details of the measures that were being used to evaluate the work of the mental health social prescribers.
- Confirmation that children and young people had been identified as a priority within the West Yorkshire new Suicide Prevention Strategy.
- A question on the numbers of reported mental health issues related to suicide within the BAME community and a concern that mental health issues weren’t very well understood within this community.
- A question on what plans were in place to reach out to the BAME community to raise awareness of mental health issues with a particular focus on men.
- An explanation outlining the sources of data for suicides and confirmation that accuracy of data on ethnicity was poor although this issue was being looked at.
- Confirmation that in Kirklees the majority of suicides were white British men although sometimes ethnicity wasn’t recorded which meant that it was difficult to draw firm conclusions.
- A detailed explanation of the data source provided by the police.

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- Details of the work of the mental health forum that provided an opportunity for providers or organisations that dealt with mental health issues to come together to share best practice and avoid duplication.
- The plans to include wider discussions within the forum to look at the impact and approach to mental health in different communities.
- An overview of the work that was being done regionally on health and inequalities.
- Details of the Kirklees Mental Health Alliance.
- A question asking what work was being done to look at how primary care could respond to those individuals that they had had contact with and were showing signs of distress; and what support was being giving to health professionals in these situations.
- A question on what support was being given to people who were struggling because of family breakdown.
- The importance of training and awareness raising in primary care on the suicide prevention agenda.
- Details of the zero suicide alliance training.
- The work that was needed to be done in connecting the potential risk of suicide with certain physical health conditions.
- The work that was being done on developing a bespoke suicide prevention training package for primary care health professionals.
- The work that was being done to support people who had been bereaved or impacted by suicide.
- A question seeking more information on the new range of mental health roles in Kirklees.
- A detailed explanation of the new mental health roles in Kirklees; how they would be aligned to a primary care network hub; and the recruitment work that was being undertaken to appoint to the roles.
- Details of how the new roles would be clinically supervised.
- Details of the recruitment challenges within the NHS.

RESOLVED –

1. That the Panel would arrange a further discussion to look at the work being undertaken through the Thriving Kirklees Single Point of Access service with a focus on self-harm in children and young people.
2. That the Panel endorse and support the following recommendations in the submitted report:
 - That all partners proactively promote and raise awareness of the training offers via Northorpe Hall.
 - That the Zero-suicide alliance training is recommended to all to help with consistency of language and approach to help more people to stay safe.

7

Update on Primary Care Networks

The Panel welcomed representatives from NHS Kirklees Clinical Commissioning Group (CCG) to the meeting.

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Ms Wormstone presented an overview of the submitted report that covered the development of Primary Care Networks (PCNs) and access to primary care medical services.

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

- A question on whether the parameters that covered the size of the population areas served by each PCN had been exceeded since they were established.
- An overview of the varying ranges of size of population area serviced by the PCNs.
- A question asking for details of the factors behind the increase in demand for GP services.
- An overview of the reasons for the increase in demand that included: accuracy of reporting; pent up demand because of the pandemic; and an increase in the routine health checks that had been suspended during the height of the pandemic.
- A question on what work was taking place to improve capacity in GP systems to deal with the increased numbers of phone calls to practices.
- An overview of some of the work that was taking place to improve resilience in the GPs telephone systems that included cloud-based telephony systems.
- The need to have sufficient available staff to respond to an increased telephony system.
- A question on what work was taking place to encourage more people to become GPs and to retain existing clinical staff.
- An overview of the range of local and national initiatives that had been introduced to recruit and retain GPs and other clinical primary care roles.
- A detailed explanation of the challenges and pressures facing GP practices.
- The difficulties in making same day appointments with a GP.
- An explanation of the different types of appointments available at GP practices.
- The work being done to increase capacity and accessibility to GP practices.
- The challenges of having to manage an ageing population with complex health needs.
- The need to look at different methods of accessing primary health care that included on-line appointment booking and the use of on-line e-consults.
- The need to look at health care providers that could provide additional support such as local optometry teams or community pharmacy.
- A question on what arrangements were in place for patient and public involvement in PCNs.
- Details of the network arrangements for patient participation and engagement with Kirklees PCNs.
- A question on the process for evaluating the effectiveness of the work being delivered by social prescribers.
- An overview of the new primary care roles and the work that had been undertaken by the social prescribing team on self-analysis and evaluation that included recording patient outcomes.
- A request from the Panel to receive a summary report outlining the evaluation work undertaken by the social prescribing team.

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- Confirmation that each GP practice had its own public participation group and their importance of shaping the direction and strategy of the practices.
- The difficulties that some individuals may have in divulging personal and sensitive information during a telephone triage with the GP receptionist.
- A concern regarding the balance of available appointments to see a GP without having to discuss difficult and sensitive health issues with non-clinical practice staff.
- Confirmation that each GP practice had its own approach to managing face to face appointments.
- An explanation of the algorithm used to triage patients and assess the correct pathway of care.
- Confirmation that as the country emerged from the pandemic more GP practices in Kirklees were introducing greater flexibility and choice for patients who wanted to have face to face appointments.
- The importance of GPs seeing patients in person to reassure themselves that a patient had been fully assessed and any underlying issues identified at an early stage.
- Confirmation that patient choice was fundamental to how GP practices operated.
- Details, based on personal experience, of problems with sharing data between the hospital trust and the GP practice.
- A question on whether there was any correlation between increases in A&E departments and the difficulties that some people faced in getting a GP appointment.
- A concern that the increased use of digital technology would adversely impact older people.
- A concern that a reliance on telephone appointments would adversely impact people with hearing difficulties.
- Details, based on a personal experience, of the difficulties in getting through to an advisor when using the NHS 111 service.
- A question on what plans commissioners had to provide additional capacity to deal with the increasing local population that would result from the new developments being built across Kirklees.
- The work that was being done by the PCNs to develop estate strategies to deal with population increases in areas where there had been or there would be large scale development.
- The importance of attracting health professionals to work in Kirklees by promoting it as a good place to work.
- The need to develop capacity in the system so that more training practices could be introduced.

RESOLVED –

1. That the Panel notes the progress made by Primary Care Networks (PCNs) in Kirklees.
2. That the Panel would welcome a further update on the progress of PCNs and the work being done to continue building an efficient and effective GP service
3. That the Panel notes the work being done to deliver on the three priorities for primary care for the remainder of the current financial year.

8 **Work Programme 2021/22**

A discussion took place on the Panel's Work Programme and agenda plan with a focus on the items scheduled to take place for the remainder of the 2021/22 municipal year.

Areas that were covered included:

- An overview of the planned public health item scheduled for the March meeting.
- The plans to discuss in more detail the data covering non-covid related excess deaths.
- Confirmation that the March meeting would include a presentation of the Kirklees Safeguarding Adults Board 2020/21 Annual Report.
- Confirmation that the April meeting would include a discussion on the financial position of the Kirklees health and adult social care economy and the annual review of the Panel's work programme.
- A question on whether consideration could be given to including on the Panel's work programme an item that looked at access to NHS dental services in Kirklees.
- Confirmation that the issue of access to NHS dental services was being considered by the West Yorkshire Joint Health Scrutiny Committee and the Panel would be provided with an update on this work.

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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



Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 10th March, 2022

Title of report: Population Health Management

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u> ?	N/A
The Decision - Is it eligible for call in by Scrutiny?	
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall – 24 February 2022
Is it also signed off by the Service Director for Finance?	N/A
Is it also signed off by the Service Director for Legal Governance and Commissioning?	N/A
Cabinet member portfolio	Cllr Musarrat Khan

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.

1. Summary

Public Health Improvement has been requested to provide Health and Adult Social Care Scrutiny Panel with an update around Population Health Management.

What is Population Health?

Population Health is a long-term, system wide approach aimed at improving the health of an entire population.

It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies

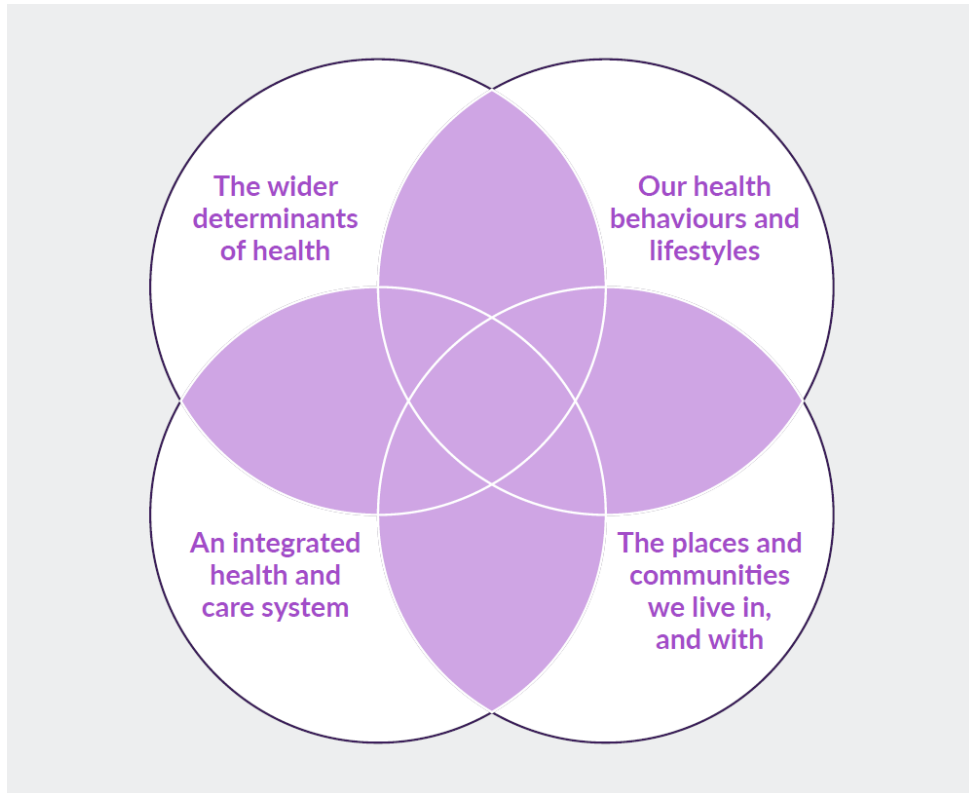
What is Population Health Management?

Defining Population Health Management is challenging. It can feel like Population Health Management is a concept which has limited connections to reality and can feel incredibly technical or nebulous. It is important to begin by defining what Population Health Management is so that it can be understood and applied in a range of services, organisations and partnerships.

PHM is one of many approaches to improve population health using data driven planning and delivery of proactive care in order to achieve maximum impact. It includes segmentation (splitting the population into different groups), stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing variations in outcomes. This is broken down further below:

- Population health is one the core strategic aims for Integrated Care Systems; to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population, with a specific focus on the wider determinants of health (things like housing, employment, education).
- Population Health Management is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future.
- This means we can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources.
- Population Health Management uses historical and current data to understand what factors are driving poor outcomes in different population groups. Local health and care services can then design new proactive models of care which will improve health and wellbeing today as well as in future years' time.

This can be demonstrated using the framework below:



- **The Wider Determinants of Health** – for example; work, income, housing, transport, education
- **Our health behaviours and lifestyles** – for example; tobacco, diet, alcohol, physical activity
- **The places and communities we live in and with** – for example; social norms, social relationships, physical environment
- **An integrated health and care system** – for example; person centred, integrated services and pathways, improved communication and co-ordination

Examples of Population Health Management in Kirklees

There are examples of Population Health Management being used both before and during the Pandemic. These are at various stages of development and highlight the range and complexity of PHM.

The Wider Determinants of Health

Breast, Cervical and Bowel Screening Pilot. This was a partnership between Public Health, Kirklees Homes and Neighbourhoods, Wellness Service, Community Plus and Pennine Bowel Screening. Using local data which identified the geographical areas of Kirklees which had low screening uptake, colleagues were able to work in partnership in order to engage with council tenants using a health coaching approach. Homes and Neighbourhoods staff received bespoke training from Public Health and Wellness colleagues in order to improve knowledge and understanding and to enable them to have appropriate conversations with residents. This demonstrates the potential of using PHM as a tool – using place-based intelligence combined with community development approaches.

Our health behaviours and lifestyles

Health Checks. As part of the local authority's focus on reducing health inequalities, Public Health and Communities colleagues worked in collaboration in order to improve access to Health Checks via the Wellness Service. Local data was used to target population groups who were (a) more likely to have poorer health and (b) be less likely to access Health Checks. The scheme aims to work with people living in deprived areas of Kirklees, people from Black, Asian and minority ethnic backgrounds and people with mental health conditions, all of which are groups that research has shown are at a greater risk of poorer health outcomes. In order to improve access, Health Checks are being delivered in local community spaces and venues.

The places and communities we live in and with

Covid 19 Community Response. The partnership response to Covid 19 is an excellent example of the benefits of working in partnership in order to access, analyse and interpret data at scale and at pace. It also highlights the importance of community level place-based working. Public Health Intelligence were able to provide data which indicated specific population groups who were more likely to be infected with Covid-19, more at risk of death or serious health impacts and less likely to have the vaccine. A range of responses were put in place as a result of this data. This has included; Community Response Hubs, Covid Response Officers, Community Champions and pop up Vaccination clinics.

An integrated health and care system

Public Health Intelligence provided each Primary Care Network with Intelligence packs in 2019. The purpose of these packs was to bring together data at a PCN level in order to highlight inequalities and inform priorities for each PCN place. There was a range of data included within the packs, covering PCN demographics, disease prevalence and health conditions, mortality rates and life expectancy, health-related behaviours, emotional wellbeing, and hospital admissions.

What needs to happen next?

As explored above, in many ways, Population Health Management is already happening in specific areas and workstreams across Kirklees. It is important to note that it is not our wish to develop a separate PHM workstream but to integrate, influence and add value to work which is already happening across Kirklees. Despite the ongoing PHM approaches which are already happening across Kirklees, there are a number of areas which require input and development.

We are proposing a number of next steps to take over the next year. These include:

1. Collaboration and relationships

Build on existing relationships and partnerships across the system in order to:

- (a) Develop a common understanding of what PHM is and how it can support the reduction of inequalities
- (b) Understand what is happening already
- (c) Identify where PHM approaches can add value
- (d) Upskill partners from across the system to access, understand and use local data.

2. Focus on reduction of inequalities via prevention and health improvement

At the heart of PHM is the need to reduce inequalities via prevention and health improvement. It is therefore important to work alongside systems and services which contribute towards prevention and health improvement. This includes the voluntary sector, primary care and health improvement services.

3. Working with not doing to - Community stories and lived experience

Population Health Management is not just about quantitative data. It is also about working with communities in order to understand lived experience and to enable systems and services to ensure that what they provide and how they develop relationships meets the needs of specific population groups. Covid-19 response has shown us the importance and value of 'working with and not doing to'. As part of our approach to PHM as well as our broader approach inequalities it is vital to integrate community stories and lived experience into our approaches.

4. Understanding Population Health Management at Place

Linked to the above point, it is vital to understand PHM approaches as a place-based level. There are many recognised 'places' within Kirklees – from LSOA (Lower-layer Super Output Area) level through to wards, place partnerships and Primary Care Networks. The local authority will work in partnership with health and third sector colleagues as well as other partners (e.g business, fire service, police) in order to develop how we share and use data across our various place boundaries.

5. Connecting to West Yorkshire Integrated Care Partnership and the Kirklees Health and Care Partnership

The ongoing development of this local and regional work will provide opportunities to 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.

6. Review of progress

Officers propose that whilst it is not our wish to develop a separate PHM workstream it is still important to put in place methods in order to review progress over the next 12 months. It is suggested that we use the following to structure this; Collaboration and Relationships, Ensuring PHM approaches have a focus on reduction of inequalities via prevention and health improvement, Community Stories and Lived Experience, Understanding Population Health Management at Place and building on the connections to West Yorkshire Integrated Care Partnership and the Kirklees Health and Care Partnership.

2. Information required to take a decision

Detailed in this report.

3. Implications for the Council

3.1 Working with People

Population Health Management is not just about quantitative data. It is also about working with communities and partners in order to understand lived experience and to enable systems and services to ensure that what they provide and how they develop relationships meets the needs of specific population groups. As part of our approach to PHM as well as our broader approach to tackling inequalities it is vital to integrate community stories and lived experience into our approaches.

3.2 Working with Partners

It is vital to build on existing relationships and partnerships across the system in order to (a) develop a common understanding of what PHM is and how it can support the reduction of inequalities (b) understand what is happening already and (c) identify where PHM approaches can add value (d) Upskill partners from across the system to access, understand and use local data.

3.3 Place Based Working

It is vital to understand PHM approaches at a place-based level. There are many recognised 'places' within Kirklees – from LSOA level through to wards, place partnerships and Primary Care Networks. The local authority would like to work in partnership with health and third sector colleagues in order to develop how we share and use data across our various place boundaries.

3.4 Climate Change and Air Quality

Population Health Management can be used as a tool for a range of different purposes and population groups, which could include Climate Change and Air Quality.

3.5 Improving outcomes for children

Population Health Management can be used as a tool for a range of different purposes and population groups, which could include improving outcomes for children.

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

-

4 Consultees and their opinions

N/A

5 Next steps and timelines

These are outlined in Section 1 over the next 12-month period.

6 Officer recommendations and reasons

Officer recommendation is to action the above next steps over the course of the next 12 months.

7 Cabinet Portfolio Holder's recommendations

N/A

8 Contact officer: Emily-Parry Harries and Lucy Wearmouth

9 Background Papers and History of Decisions

N/A

10 Service Director responsible: Emily Parry-Harries



Population Health Management

Developing the Kirklees Approach to Population Health



Population Health Definition

Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

We will use a **framework for population health** centred on four pillars:

- the wider determinants of health;
- our health behaviours and lifestyles;
- the places and communities we live in;
- an integrated health and care system.

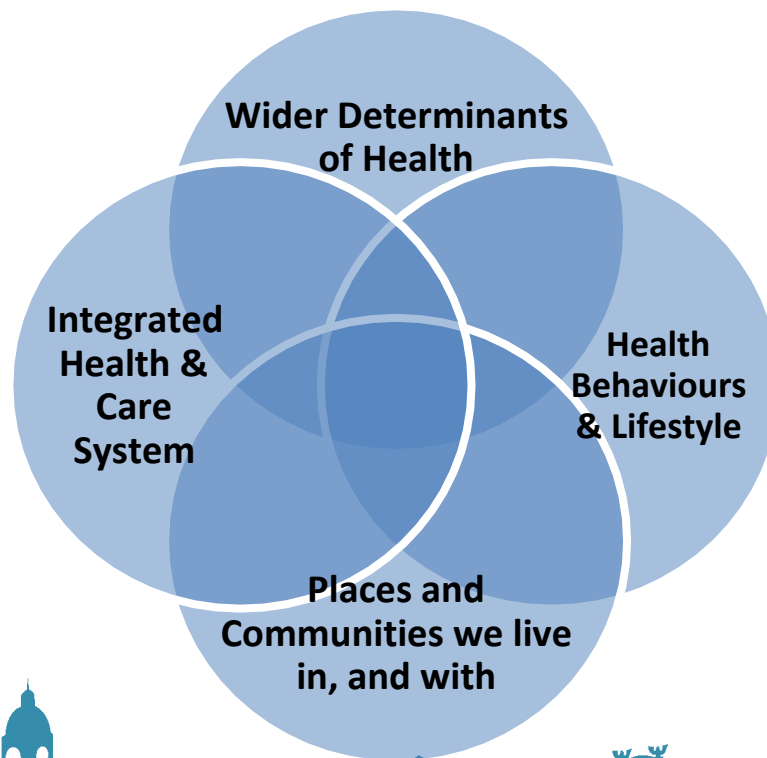


Population Health Management definition

PHM is one of many approaches to improve population health by using data driven planning and delivery of proactive care in order to achieve maximum impact. It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing variations in outcomes.



4 Pillars of a Population Health System



Population Health Management

- Population health is one the core strategic aims for Integrated Care Systems.
- Is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future.
- Means we can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources
- Uses historical and current data to understand what factors are driving poor outcomes in different population groups.



Supports the Kirklees Outcomes

Our shared outcomes



Shaped by People

We make our places what they are



Best start

Children have the best start in life



Well

People in Kirklees are as well as possible for as long as possible



Independent

People in Kirklees live independently and have control over their lives



Aspire and achieve

People in Kirklees have aspiration to achieve their ambitions through education, training employment and lifelong learning



Sustainable economy

Kirklees has sustainable economic growth and provides good employment for and with communities and businesses



Safe and cohesive

People in Kirklees live in cohesive communities, feel safe and are protected from harm



Clean and green

People in Kirklees experience a high quality, clean, sustainable and green environment



Efficient and effective: Kirklees Council works smart and delivers efficiently and effectively



Examples in Kirklees

Cancer Screening Pilot

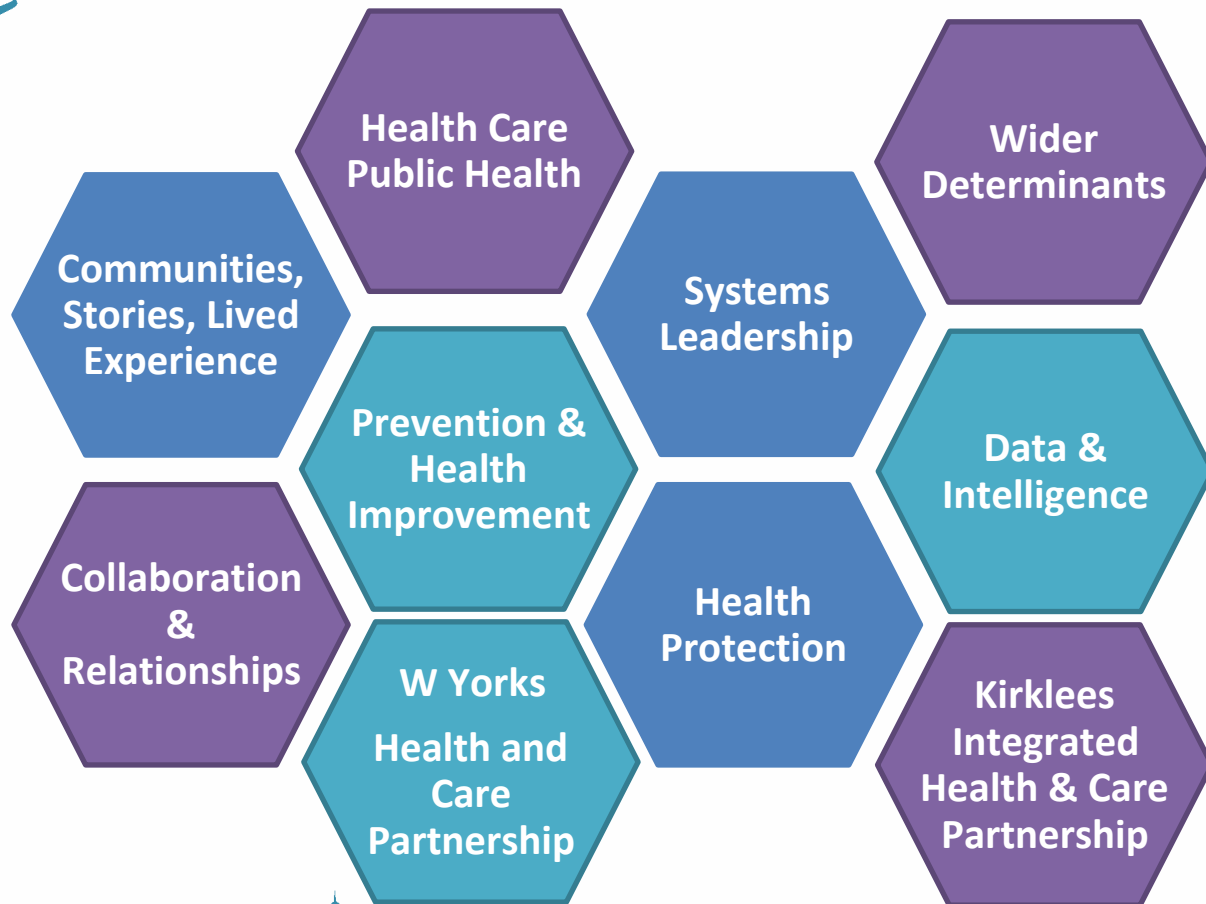
Health checks

Covid 19 Response

Primary Care Network – data packs



Kirklees Areas of Emphasis



Next Steps

- Collaboration and relationships
- Focus on reduction of inequalities via prevention and health improvement
- Working with not to - Community stories and lived experience
- Understanding Population Health Management at Place
- Connecting to West Yorkshire Integrated Care Partnership and the Kirklees Health and Care Partnership



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Name of Meeting: HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL
Date: 10th March 2022
Title of report: KIRKLEES SAFEGUARDING ADULTS BOARD 2020/2021 ANNUAL REPORT
Purpose of Report: To present the 2020/2021 Kirklees Safeguarding Adults Board Annual Report.

Key Decision - Is it likely to result in spending or a saving of £250k or more, or to have a significant effect on two or more electoral wards?	N/A
Is it in the Council's Forward Plan (Key Decisions and Private Reports)?	N/A
The Decision - Is it eligible for "call in" by Scrutiny?	N/A
Date signed off by <u>Director</u> and name	Richard Parry – 03.02.22
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	N/A
Is it also signed off by the Assistant Director, Legal, Governance and Monitoring	N/A
Cabinet member portfolio	Cllr Musarrat Khan, Portfolio Holder for Health and Care

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

1. Summary

1.1 The Kirklees Safeguarding Adults Board

1.1.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership, which brings together the main organisations working with adults at risk of abuse or neglect. Hence, its membership includes: Kirklees Council, West Yorkshire Police, NHS organisations and West Yorkshire Fire and Rescue Service. Its core purpose is to help and protect adults at risk in its area.

1.1.2 In 2015 the board appointed its first Independent Chair and, in accordance with Care Act guidance, the Independent Chair of the KSAB reports quarterly to the Council's Chief Executive on the work of the board. In January 2020 the Board undertook recruitment for a new chair which was unsuccessful. The post was subsequently readvertised in early 2021 and the Board was successful in this appointing a New Independent Chair in April 2021.

1.1.3 The Board continues with its lay membership, consisting of one lay member and Healthwatch Kirklees with the aim of strengthening public voice on the Board, as well as building on our priority around engagement and communication. Healthwatch Kirklees is the independent consumer champion for the public in Kirklees on matters relating to Health and Social Care. It has a seat on the Health and Wellbeing Board and provides feedback as part of commissioning and decision

making for local Health and Social Care Services.

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

- 1.1.4 Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the Board's performance framework and the Board's annual challenge event. The Board calls partners to account for their approach to safeguarding adults through regular reporting and through the challenge event.
- 1.1.5 The principal purpose of the Board's annual report is to identify progress made over the past 12 months against the intentions laid out in the Board's Strategic Plan¹ 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.

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

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

1.3 Health and Wellbeing Board

- 1.3.1 The KSAB Annual Report will also be submitted to the Health and Wellbeing Board (HWB) on Thursday 31st March 2022.
- 1.3.2 The HWB is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.
- 1.3.3 As part of this role the HWB receives the KSAB Annual Report which helps to further develop a shared understanding of the Board's responsibilities and priorities and

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

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

2. Information required to take a decision

The KSAB Annual Report is being presented for information.

3. Implications for the Council

3.1 Early Intervention and Prevention

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

3.2 Economic Resilience

Not applicable.

3.3 Improving Outcomes for Children

Not applicable.

3.4 Reducing Demand for Services

Not applicable.

3.5 Legal/Financial or Human Resources

Not applicable.

4. Consultees and their opinions

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

5. Next steps

Not applicable.

6. Officer recommendations and reasons

That the 2020/2021 Kirklees Safeguarding Adults Board Annual Report be received.

7. Cabinet Portfolio holder recommendation

Councillor Musarrat Khan, Cabinet Member for Health and Social Care:

The work of the Kirklees Safeguarding Adults Board is vital in making sure partner agencies across Kirklees have adequate processes in place to protect the most vulnerable residents in our communities. I support the work of the board that enables residents to remain safe and well and I endorse this annual report.

8. Contact Officer

Robert McCulloch-Graham, Independent Chair, Kirklees Safeguarding Adults Board.

9. Background papers and history of decisions

Not applicable.

10. Service Director responsible

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

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**Partners in
preventing
abuse and
neglect**

Annual Report
2020-2021

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Introducing our 2020-2021 Annual Report

A Message from Mike Houghton-Evans, Retiring Independent Chair



Each year the Board's annual report identifies progress made over the past 12 months against the intentions laid out in the strategic plan and sets out our work programme for the next 12 months.

As this is my final introduction to our report, I would like to reflect on the progress the Safeguarding Adults Board (SAB) has made over the past 6 years. I am the first independent chair for Kirklees SAB and whilst the board was effective and well supported by partners in 2014, it was wholly managed within the Local Authority structures. As such it faced understandable challenges in demonstrating that it was operating as an effective arm's length strategic partnership.

We have worked hard together since then to strengthen the Board's system leadership role, not only to provide scrutiny across the partnerships on safeguarding adults performance, but also to provide ideas and resource to support continuous improvement. A key change we made was to introduce a new infrastructure with the Strategic Delivery Group (SDG), and subgroups of Learning and Development, Quality & Performance, and Safeguarding Adult Reviews (SARs). Crucially, these groups are led and chaired by partners, and play an essential role in ensuring we have a relevant rolling 3-year strategic plan and associated evolving annual work programmes.

We are committed to being an outward facing board and to work collaboratively. There are other multi-agency strategic partnerships in Kirklees, and it is essential that we work together. In various ways each partnership is concerned with the health, wellbeing, and safety of Kirklees residents. To this end we have played a leading role in achieving formal working arrangements across these partnerships and together the boards have developed the protocol and inter-board plan for joint work and ongoing collaboration.

We have continued to run regular network events over the past year (albeit via MS Teams). Network events are popular and normally attract more than 100 attendees and enable the sharing of ideas and demonstrations of best practice. They play an essential part in driving the prevention end of our work. These sessions have, for example, played an invaluable role in the development and implementation of an effective self-neglect policy, a sustained focus on dignity in care and hence played an important role in strengthening the golden thread between strategy and practice.

It was pleasing that the recent peer challenge report recognised our progress and the Board's strategic strengths and leadership effectiveness.

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

Over the past year we have had the additional challenge of COVID-19. At an early stage we recognised that the necessary changes in working practice would create a new set of safeguarding challenges for organisations. In response I met regularly with key partners, and we set about developing a risk register. It became clear that social isolation of vulnerable adults is a key area of risk and is likely to become more apparent as we emerge from the pandemic.

Throughout this period of 'MS teams' meetings, we have ensured that we covered business as usual. There is clearly a view that to retain some aspects of this way of working can be efficient and beneficial. However, it will be important that the Board continues to be a critical friend as 'new normal' ways of working emerge. This was a key area we covered in the last annual Challenge Event. In line with normal practice the learning and intelligence derived from this event will contribute to the 2021 work programme.

In conclusion, I would like to take this opportunity to register my thanks to colleagues for their support over the last 6 years. The skill, commitment and support of the Board manager and team has been constant. They have been a delightful and stimulating team to work with. I would like to thank Board members too for their invaluable support and challenge. The Board is now a true strategic partnership.

Kirklees Safeguarding Adults Board now has a new Independent Chair to lead the Board through the next era as we emerge from the pandemic. Robert McCulloch-Graham has most recently been the Chief Officer for Health and Adult Social Care for the Scottish Borders leading both commissioning and operations functions for the "Integration Joint Board", responsible for primary and unscheduled health care; mental health; services for people with learning difficulties; adult social services and residential and home care provision. Robert's previous roles have been in London Boroughs and across England and have included Council positions as Director for Adult Social Care and Public Health, and as Director for Children's Services. He has held government positions with the Department for Education as a Children's Service Adviser and with the Department for Communities and Local Government, advising the "Troubled Families Programme". He is also currently supporting the National Fostering Agency as a panel member.

I wish Rob all success.



Mike Houghton-Evans
Retiring Independent Chair

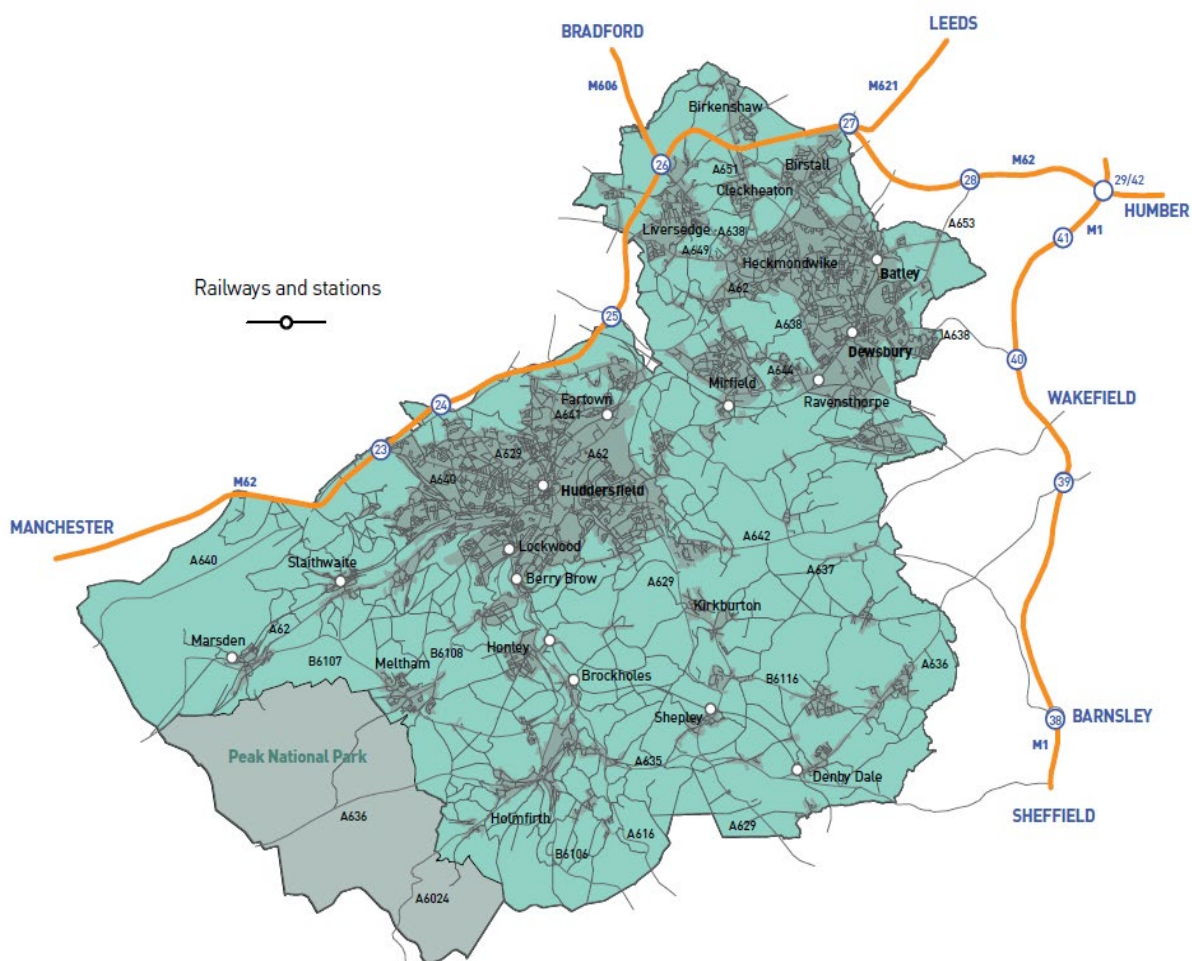
Talking about Kirklees

There are a number of significant factors affecting local health and wellbeing of people living in Kirklees. These include the economic challenges facing the country and 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 describes 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).
- 15.8% (43,086) of people aged 16 to 64 in Kirklees are claiming Universal Credit (June 2021).
- There are 20,385 Personal Independence Payments (PIP) cases with entitlement in Kirklees which amounts to 5.8% of people aged 16 and over (April 2021). In addition, there are 7,815 Disability Living Allowance claimants aged 16 and over (2.2%, November 2020).
- 10.7% (8,465) people of pensionable age claim Attendance Allowance (November 2020).

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 6 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 work 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 (Q&P) subgroup, Learning & Development (L&D) 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's constitution, and information sharing agreement.

Members have sufficient delegated authority to effectively represent their agency and to make decisions on their agency's behalf. If they are unable to attend meetings for any reason they send, with the chair's permission, a nominated representative of sufficient seniority.

During 2020 - 2021 the following agencies and organisations were members of the Kirklees Safeguarding Adults Board:

NHS Kirklees 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 Council Growth and Regeneration – Housing
Locala Community Partnerships
Calderdale and Huddersfield NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Healthwatch Kirklees
Kirklees Public Health
Elected member

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 Council Growth and Regeneration – Housing	100%
Locala Community Partnerships	75%
Calderdale and Huddersfield NHS Foundation Trust	100%
South West Yorkshire Partnership NHS Foundation Trust	100%
Healthwatch	100%
Kirklees Public Health	75%
Elected member	75%

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

A Message from Mary Rogers, Carer



"It has been a pleasure to be part of the renewing, refreshing and reviewing of ideas relating to KSAB and see compassionate care in action. I have direct lived experience being a Carer for three family members with complex needs, and I have been able to share some of my contacts from the Care Sector, Creative Minds being one example.

Caring for my daughter with complex Epilepsy, my sister with Dementia and my brother with Diabetes, has given me a wealth of expertise in working with Health Care professionals and funding authorities/agencies; and with further personal experience of surgery and medical practices, surviving brain tumours, Breast Cancer and other medical procedures.

Additionally as a part-time Care Consultant I provide insight to service users and carers into care issues based on my vast experience as a multiple carer and service user, working with universities, the NHS and volunteer sector in fundraising. This also includes the development and recruitment for the sector and providing direction for research. I remain involved with Universities in Yorkshire alongside the University of Birmingham representing Service Users and Carers for course validation panels with the National Midwifery Council.

Outside of the University, I provide occasional part time consultancy to other Entrepreneurs in Health Care services and products and have been a member of the South West Yorkshire Partnership NHS Foundation Trust providing a similar role.

I recognise the difficulties and challenges of safeguarding adults and how they require person centred care. Many have illness, mental impairment or physical care needs. Person centred care and trust is crucial to the understanding and strengthening of those who need our help and a strong foundation to build on, whilst, at the same time, recognising the responsibilities within integrated teams in the Council's support systems.

We have to continue to develop good practice and keep the people of Kirklees safe. Recognising that 1 in 6 adults in Kirklees are Carers. I feel part of a team whose vision is to embrace one goal and strive for a cohesive community, whilst creating a feeling of safety and protection from harm for those needing support. Giving support to staff and understanding the needs of Carers is similarly critical.

Seeing first-hand how support systems have had to adapt during the pandemic and being able to share My Care Network and contribute to What Good Care Looks Like gave me a feeling of hope and that together we are making a difference. Thank you KSAB".

Mary Rogers, BA

Ambassador of the Year Carers Trust 2013
Diploma in European Humanities OU
Care Advisor supporting Carers and the people that they support

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 Adults 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. It is important that the Board's infrastructure, is a partnership responsibility both in sharing the chairing of these groups and ensuring appropriate participation.

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

In 2020-21 we had £218,283 to spend. This money represents the contributions from West Yorkshire Police, Kirklees Council and combined contributions from NHS Kirklees Clinical Commissioning Group.

Kirklees Council	£137,127
CCGs	£ 62,655
WY Police	£ 18,501

Subgroups of the Board

During 2020-21 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 Steering Group are also connected to the Learning and Development subgroup. Their roles are to act as an information exchange and to share learning and good practice for a wider group of agencies across the partnership. This year 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.

The six principles of Safeguarding Adults are set out in the Care Act 2014. Each principle holds equal importance in the effective safeguarding of adults.

These principles underpin the delivery of our vision.

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 harm 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

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:

- **Continue to strengthen links and work closely with other strategic partnerships on themed areas including KSAB representation on the Child Sexual Exploitation Strategic Group**

The Board has representation on local Strategic and Operational groups including the Domestic Homicide Review Panel, Modern Slavery, Exploitation, Prevent, Domestic Abuse Strategic Partnership group and Corporate Safeguarding.

A member of the Strategic Delivery group also attends the Child Sexual Exploitation (CSE) Silver Group, and the Independent Chair is part of the Gold Group Working collaboratively and the Board agree any joint working options.

- **Seek assurance from commissioners on their monitoring of safe care in commissioned services and work to improve the care market**

The Board has made close links with the Care Home Early Support and Prevention group (CHESP) to seek assurance on the monitoring of safe care and the ongoing work in relation to improving the care market. The Quality and Performance subgroup meets quarterly and receives a highlight report from the CHESP meeting and the chair or member of the meeting discusses the outcomes of the report providing information around Kirklees Care Homes Quality Improvement and Assurance.

CHESP is a monthly meeting which is led and chaired by the Clinical Commissioning Group and has membership from Partner agencies such as Kirklees Commissioning, Kirklees Adult Safeguarding Operational Team, Infection Control, Locala and the Care Quality Commission. The aim is to provide early intervention and support to Care Homes to promote and ensure good practice across the provider sector and reduce Safeguarding Concerns. The CHESP aims to be proactive rather than reactive method of action across the care home sector in Kirklees and to identify if there are any themes and trends emerging across the care home sector.

- **Systematically examine information to identify potential threats, risks, emerging issues and opportunities, beyond the safeguarding working agenda (Horizon scanning)**

The COVID Pandemic has been an extraordinary time and there has been various government led guidance provided to assist in the delivery of care. The Board has kept up to date by discussing new guidance at each Board meeting seeking legal updates on current legislation and ensuring arrangements continued to be effective, including the NICE guidance regarding Safeguarding and Care Homes.

The Strategic Delivery Group invites relevant leads from organisations to discuss ongoing work in areas beyond the safeguarding working agenda. The lead from the Suicide prevention group has attended to discuss emerging issues and opportunities across the partnership ensuring any themes are triangulated through the KSAB subgroups. There is a partnership wide suicide prevention action plan. This has two

parts. Firstly the composition of a suicide audit. Secondly, the creation of a Suicide Prevention Group (SPARK) which meets quarterly and has the input of local agency partners. Work will continue to strengthen and build on the link.

- **Strengthen the link between strategy and practice and implement and support practitioner forums in a multi-agency format**

Practitioner forums have been difficult to maintain this year as many frontline staff were called upon to respond to the pandemic. Where possible and at every available opportunity links have been maintained through email and other electronic virtual communication channels.

Conversely, the Board learned that many more staff were able to virtually attend briefings and meetings due to the restrictions place upon everyone during lockdown and the necessity to hold online solutions. This is a positive lesson that the Board plans to develop in its approach to a blended offering of strengthening links to support practitioners in the future.

- **Continue to raise awareness and support early intervention and prevention through engagement with the Kirklees diverse community**

Community Plus is a service working within local communities. They offer tailored one to one, short team support to people that would like to have a more connected, happy, independent and healthier life. Locally based community co-ordinators work alongside people, to connect them to groups, activities and support in local communities.

The Service Manager of Community Plus is a member of and regularly attends the Strategic Delivery group. The main activity has surrounded COVID-19 and community hubs were responding to anxieties around lockdown. Food and prescription pathways were set up and a befriending offer commissioned to support people with issues surrounding social isolation. This was staffed by a dedicated telephone line operated by Kirklees Direct.

Community engagement teams were established to respond to the high infection rates across the Borough. There were several other engagement plans, for example work around prevention in rural areas. Some of the work had been cultivated from feedback such as people not adhering to social distancing rules. The community engagement team were involved in leafleting with respect to this and were working with schools, leisure centres, libraries, and third sector partners to try and assist with messaging. There was also work completed around shielding including risk assessments for people who are in this category and appropriate support offered.

- **Continue to support Kirklees Safeguarding Week**

Kirklees Safeguarding Week has become a well-established, well-known and well-respected feature of the Kirklees event calendar since 2016. It aims to capture the attention and gain the interest of communities across the Borough, in as wide a setting as possible communicating key safeguarding messages and engaging multiple audiences. At the same time Safeguarding Week seeks to inform, educate and inspire the Board's multi-agency partners, Kirklees Community Champions, Kirklees Council employees and the voluntary sector.

From its inception Safeguarding Week has been built on a tripartite approach bringing together Kirklees Safeguarding Adults Board (KSAB), Kirklees Safeguarding Children Partnership (KSCP) alongside Kirklees Communities Board.

The decision to go ahead with Adult Safeguarding Week was taken after careful consideration of the efficacy of Safeguarding Week in March 2020 during a critical phase of the pandemic. Clear evidence had come to light in terms of the effect the

pandemic was having on mental ill health, the increase in incidence of exploitation and increased instances of self-neglect (to name just 3). We firstly wanted to address these issues but also secondly to underline the message that as far as possible it was business as usual. We committed to trying our best to make a virtual only setting as close as possible to direct physical engagement with partners, colleagues and community.

Overall it was considered that Adult Safeguarding Week was a success when measured against targeted outcomes. We wanted to engage and inspire our audience's partners, colleagues and the public alike. We learnt that being restricted to a digital only platform presents as many opportunities as challenges. We learnt more about, and collaborated to greater effect with, our partners, colleagues and voluntary agencies.

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. 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:

- **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**

We looked at different regional dashboards at Q&P subgroup meetings throughout the year to identify key areas which may be useful to include on KSAB dashboard

The Quality and Performance subgroup is responsible for compiling and analysing a quarterly integrated performance dashboard to 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. The dashboard uses data from across the safeguarding partnership that is collected and used by individual agency management teams to monitor the effectiveness of their individual safeguarding arrangements. Any trends or areas of concern were raised and this led to discussions on potential further audit or other Board activity.

The KSAB's 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 seeks to gain 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.

A range of tools were used to audit and quality assure safeguarding arrangements during and post the COVID-19 pandemic focusing on the identified themes, including a programme of multi-agency audits maintained by the Quality and Performance subgroup.

These include case file audits, feedback from adults at risk completed by Healthwatch Kirklees, feedback from partner safeguarding leads, feedback from Commissioners and it may also include analysis of outcomes and trends from the national Safeguarding Adult Collection (SAC return).

- **Continue to develop ways of gaining the views of people who have experienced abuse to ensure that support follows Making Safeguarding Personal principles and develop the process to enhance feedback from users following a section 42 enquiry as part of the MSP National Framework**

KSAB have asked Healthwatch Kirklees, as an independent organisation, to provide a programme of engagement to gather feedback from people who have been involved in the safeguarding process using the 2018 national 'Making Safeguarding Personal' outcomes framework as a reference point for devising their programme of engagement.

Healthwatch Kirklees will establish a clear and comprehensive understanding of people's experience. Ensuring that feedback is gathered from those who might struggle most greatly to have their voices heard, including those with protected characteristics and care home residents, their relatives and carers. This will enable KSAB to utilise this feedback when reviewing and developing their safeguarding process and evidence our 'Making Safeguarding Personal' approach, by listening to and responding to feedback from those at the heart of the process.

- **Continue to embed Making Safeguarding Personal including reviewing and refreshing MSP multi-agency training sessions principles**

Making Safeguarding Personal (MSP) learning has historically been well received however the Board's Q&P subgroup was unable to see positive differences in MSP outcome figures as a result of staff undergoing the learning. Following investigation and conversation with staff, the content was revisited and rewritten. The learning package traditionally offered to frontline staff was classroom based and interactive. Due to the pandemic and all classroom based learning suspended, the revised offer underwent a redesign to enable online delivery in a similarly effective way. The feedback from the refreshed MSP package is extremely positive and is beginning to show results in making a positive difference.

The Board plans to extend this MSP learning offer to partners to disseminate to their staff, providing a consistent message for agencies to deliver to frontline staff.

- **COVID-19: Seek proportionate assurance that local safeguarding arrangements and response is managed in line with national guidance and legislation and seek assurance around the impact of lockdown easing**

The Independent Safeguarding Chairs National Group considered and agreed some principles for Boards to consider in response to the pandemic. A core member meeting between senior members of the local authority, police and Clinical Commissioning Group was scheduled on a 6 weekly basis to discuss the collective response in Kirklees.

The Kirklees Safeguarding Adults Board Partners were asked to complete an assessment template which sought proportionate assurance in key operational areas and paid particular attention to explaining what steps had been taken to mitigate identified risks. This was regularly updated and discussed in the Quality and Performance subgroup, Strategic Delivery group and at Board meetings.

As a local authority, Kirklees were unable to fully lift the lockdown measures due to a high number of cases in the area and remained in Tier 3. As a result, the Q&P subgroup continued to seek assurance from partners that risk mitigation was ongoing.

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

Key achievements include:

- **Continue to strengthen partnership and collaborative working across the board**

The Kirklees Safeguarding Adults Board continues to work with the Kirklees Safeguarding Children Partnership (KSCP), and Kirklees Communities Board through the three board partnership meetings. The meetings share and discuss common themes and joint agendas to triangulate information and key messages.

A carer with lived experience now sits on the Dignity in Care Steering Group, playing a crucial role in helping to guide the work of the Board, providing connection and validation to areas of concern for those under-represented members in the community.

The Board took advantage of partner availability to attend virtual meetings to widen and increase involvement that the lockdown offered.

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

The Board has held 2 successful and well attended networking events this year;

- i. Dignity in Care – The Simple Things That Matter: Innovations during Covid-19

This event talked about the loss of human contact during the pandemic and how to maintain dignity, patient / service user experience – stories and experiences, and excelling innovation – being creative.

The target audience was frontline staff and volunteers working in adult safeguarding including contacts that make up a specific Dignity in Care network of people from partner organisations.

Three guest speakers were invited to set the scene which led into breakout room discussions on the topics discussed. This was the first large scale virtual event the Board held and presented a lot of challenges which we overcame and took a lot of learning from. Despite a final virtual attendance on the day of 50% of those booked¹, it was very successful and feedback received was incredibly positive.

- ii. Hiding behind capacity - Tackling complex situations with confidence

In a recent online Safeguarding Adult Review (SAR) webinar, 61% of Safeguarding Adult Boards nationally agreed Self-Neglect and neglect / omissions appeared in their SARs more frequently than other forms of abuse and neglect, illustrating that this is a rising trend across the country. This is reflective of the Kirklees Safeguarding Adults Board experience locally.

This multiagency event brought together experts, practitioners and safeguarding professionals all in one place, the unique and fascinating network event asked fundamental questions, reviewed the most up to date research, and discussed real life case studies. Learning from each other, sharing experience and good practice across the Multi-agency Partnership. The event was well received, receiving positive feedback.

- **Evaluate effectiveness of improved Safeguarding Adults Review Framework and ensure processes remain effective**

¹ When contacted post event, the absent delegates cited non-attendance was due to deployment of duties to the frontline to tackle pandemic issues

During 2020/21 KSAB's Safeguarding Adults Review (SAR) subgroup received a number of SAR referrals. These were reviewed by the SAR subgroup and resulted in the decision to commission one full SAR and one discretionary SAR. Both were in relation to self-neglect. This provided the Board with an opportunity to evaluate the effectiveness of the SAR Framework in practice.

Some areas of the Framework were identified as requiring further action. One area was the SAR referral form, which was redesigned to align it to the SAR Framework. The new form allows professionals to correctly identify whether their referral met the SAR criteria.

Initial scoping has also begun with the Local Authority Web team to develop an online SAR referral form to support the SAR Framework in enabling the ease of partner SAR referral submissions.

The SAR Framework will continue to be reviewed and refreshed as required.

- **Develop methods of sharing and embedding learning from Safeguarding Adults Reviews**

The Board's network event 'Hiding behind capacity - Tackling complex situations with confidence' provided an opportunity for the sharing of learning identified in the commissioned Self-neglect SAR undertaken by independent author Professor Michael Preston-Shoot. The multi-agency practitioner event used Prof. Preston-Shoot's National SAR Analysis² as the backdrop. The event was very well attended and positively received.

The SAR subgroup compared the National SAR Analysis findings³ against the process and procedures followed by Kirklees SAB when commissioning SARs. The SAB manager is working with the national SAB managers network to develop better ways of working together and sharing information and themes from SARs in order to address the recommendations/gaps identified in the report.

The Chair of the KSAB SAR subgroup (Detective Superintendent from West Yorkshire Police, Kirklees Division) produced a short film outlining the purpose and process of a SAR. This was shared internally through Board partner contact lists and more widely through partner social medial channels.

- **Review hoarding protocol ensuring effectiveness and efficiency of system processes**

The Hoarding Panel in Kirklees is hosted and chaired by the West Yorkshire Fire and Rescue Service (WYFRS), one of the Board partners. Following the successful recruitment of a Business Support Manager (BSM) into the Board's Safeguarding Adults Partnership Team, the Board was able to aid our WYFRS partner in offering admin support to the panel through the BSM.

The updated Multi-agency Self-neglect Policy addresses hoarding within it and as such these elements needs to be reflected in the Hoarding protocol. Currently the Hoarding

² Commissioned by the sector-led Care and Health Improvement Programme (CHIP), co-produced and delivered by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) in England.

³ Themes and recommendations presents quantitative data on SARs' observations on good and poor practice and the recommendations they make for service improvement. These are categorised across four domains: direct practice with the individual, interagency working, organisational features, and SAG governance, with each domain containing a number of themes (Analysis of Safeguarding Adult Reviews April 2017-March 2019; Findings for Sector Led Improvement).

Panel are aware of the overlaps/gaps in the Hoarding Policy that were created with the Self-neglect Policy rewrite and conduct business in the panel meeting with these in mind. The Board will approach the refresh of the Hoarding Protocol using a multi-agency approach as happened with the rewrite of the Self-neglect protocol.

- **Implement/review and embed Self-neglect protocol introducing Risk Escalation Conference**

The Multi-agency Self-Neglect policy was introduced into practice in February 2020. Throughout 2020/21 KSAB practice was monitored and reviewed to gauge effectiveness and ensure it is robust and fit for purpose. This was carried out using a variety of means:

- i. REC creation and implementation

A Risk Escalation Conference (REC) was developed to support the pathway. It consists of senior members from the partnership. The REC supports agencies in their work to lower and manage risk for cases of adults who are self-neglecting, where partners feel they have exhausted internal mechanisms for managing the risk or where formal consultation with colleagues from other agencies would enhance their response.

- ii. Electronic paperwork design and creation

Forms have been created for Adult Social Care staff to complete and record self-neglect cases in line with the policy pathway and process (including 'paperwork' to support the Risk Escalation process). In addition, to keep a full record of self-neglect cases, this also allows tracking numbers of self-neglect cases for future NHS Digital Safeguarding Adults Collection (SAC) returns.

- iii. Briefings

The Safeguarding Adults Partnership Team (SAPT) have delivered a number of briefings to multi-agency teams providing a whistle-stop tour of the self-neglect policy and assessment tool available to assist frontline workers in their decision process.

- iv. Self-neglect Film

A short film was created highlighting good practice in self-neglect cases and promoting the new policy and the importance of multi-agency working. The link to this film was distributed to partners during Safeguarding Week October 2020 and shown to 195 GPs in a self-neglect briefing session and was well received.

- v. Learning Bytes sessions

We held 2 'learning bytes' sessions as an opportunity for frontline staff from a variety of agencies (who have experience of using the self-neglect policy and pathway) to share their stories, as well as the positive and negative experiences of using the policy. There was a variety of agencies in attendance and we gained a lot of feedback which can be grouped into one of these areas:

- Referral including access to forms
- Multi-agency working
- Risk Escalation Conference
- Communications

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

Key achievements include:

- **Develop innovative ways of delivering multi-agency learning looking at a blended approach to learning**

At the start of the pandemic we all had to adapt very quickly and one of the priorities for the Board was to ensure that multi-agency learning and development continued and staff and volunteers were able to access learning and development activities around the Board's Strategic Objectives.

With the support of the Learning and Development subgroup, the Board very quickly developed interim resources, power point presentations, work books and adapted classroom based training to deliver virtually. This meant learning new skills, being brave and quickly adapting to the new world and learning how to use Microsoft Teams. This enabled the reach of the Board's learning to be extended to those frontline workers who would ordinarily not be able to attend due to staffing resources, so they were now able to access from a room in their place of work instead of traveling to a physical venue.

- **Re-energise 'See Me and Care Campaign' and the 'Dignity in Care' work streams**

The Dignity in Care (DiC) steering group has reformed, realigned and widened its membership. The group's first role was to look at its Terms and Conditions; updating them to be fit for purpose in the current climate. The Clinical Lead for Learning Disability & Autism with Locala is the newly recruited Chair to the group. The DiC group has begun work to review the See Me and Care campaign.

- **Continue to develop methods of sharing and embedding learning from Safeguarding Adults Reviews**

The Board's network event 'Hiding behind capacity - Tackling complex situations with confidence' provided an opportunity for the sharing of learning identified in the commissioned Self-neglect SAR undertaken by independent author Professor Michael Preston-Shoot. The multi-agency practitioner event used Prof Preston-Shoot's National SAR Analysis as the backdrop.

The SAR subgroup compared the National SAR Analysis findings against the process and procedures followed by Kirklees SAB when commissioning SARs. The SAB manager is working with the national SAB managers network to develop better ways of working together and sharing information and themes from SARs in order to address the gaps identified in the report.

The Chair of the KSAB SAR subgroup (Detective Superintendent from WY Police, Kirklees Division) produced a short film outlining the purpose and process of a SAR. This was shared internally through Board partner contact lists and more widely through partner social medial channels.

- **Develop a Learning & Development Strategy ensuring it is representative of the multi-agency approach to learning and development**

Work commenced on creating a Learning & Development (L&D) Strategy following a Board decision to split the KSAB Multi-agency Training Plan; separating out the strategic elements of how the Board will deliver learning and development.

The Strategy sets out the Board's vision for safeguarding adults learning and workforce development in Kirklees. The [Peer Review](#) (2019) recommended that the Board should strengthen the golden thread between its strategic intentions and frontline practice. It is now established that through the existing network events and practitioner forums that strengthened multi-agency workforce development will play an essential role in complementing single agency learning and training available in SAB partner agencies.

The aim of the strategy is to address learning and development opportunities provided by KSAB partners to the workforce and volunteers on policy, procedures and practice. It acts as guidance for enabling the workforce and volunteers to recognise the relevant learning and development opportunities to meet the requirements for their role. This focus should in turn help to facilitate positive outcomes for service users and carers.

- **Produce a Learning and Development (L&D) Plan on Annual Basis**

Following the separation of the Strategic elements of the Plan, to create the Learning and Development Strategy, it was considered appropriate to rename the L&D Plan to L&D Offer to reflect the changes.

The KSAB's Learning subgroup produces an annual L&D Offer to support the KSAB to fulfil its key priority under the Care Act 2014, promoting multi-agency workforce development and consideration of specialist training that may be required. Although partner agencies are responsible for assessing the learning and development needs of their own staff or volunteers and providing the relevant learning opportunities, they are able to access the L&D Plan should they want to.

The L&D Offer is refreshed each year and is flexible enough to be responsive to any real time changes in the Safeguarding landscape.

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

Key achievements include:

- **Complete a Challenge event to provide assurance of the effectiveness of partners safeguarding arrangements**

The Challenge Event takes place each year in order to undertake some constructive challenge about performance and to identify and agree some priority areas of work for each agency and the Board over the next year.

The model used this year was very similar to previous years where the focus was informal, with the opportunity for sharing information in an open and honest way. This year we enlisted the help of the Board's lay member, Penny Renwick and Helen Hunter, Chief Executive Healthwatch Kirklees, who provided a valuable extra degree of independence to our challenge.

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 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.

- **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**

The Quality and Performance (Q&P) subgroup is responsible for compiling and analysing a quarterly integrated performance dashboard to 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.

The Q&P subgroup plans setting up a task and finish group in the coming year to explore whether the information currently gathered is fit for purpose and continues to meet the dynamic work of the Board.

- **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**

The Quality and Performance (Q&P) subgroup proactively seeks narrative from operational managers to validate the data received from them each quarter. Operational data when presented to Board in isolation portrays a picture which, when validated by the operational background and story directs the Board to relevant decision making. The Q&P subgroup is seeking to expand this narrative in the coming year when the dashboard in its current format is reviewed.

- **Continue to seek assurance from commissioners on their monitoring of safe care in commissioned services and work to improve the care market**

The Board has made close links with the Care Home Early Support and Prevention group (CHESP) to seek assurance on the monitoring of safe care and the ongoing work in relation to improving the care market. The Quality and Performance subgroup meets quarterly and receives a highlight report from the CHESP meeting and the chair or member of the meeting discusses the outcomes of the report providing information around Kirklees Care Homes Quality Improvement and Assurance.

- **COVID-19: Develop and utilise a risk register to work with partners to identify and mitigate areas of risk**

The Kirklees Safeguarding Adults Board Risk Register was developed which specifically covered any assessed potential impacts on sustaining safe operational practice. It has also been recognised that for some operational changes that have been introduced there may be benefit in sustaining that change. The Risk Register represented an evolving process and was viewed not only in terms of providing information on risks but also exceptions to risk.

How has the Board influenced the Safeguarding Agenda? – what difference have we made?

The work of the Board during 2020/21 has been provided in detail throughout this report but two distinct areas of work stand out to the Board as being significant in supporting the safeguarding agenda of achieving positive outcomes for adults at risk of abuse and neglect in Kirklees in a very challenging period for all:

1. Multi-agency Self-neglect Policy rewrite
2. Use of Technology

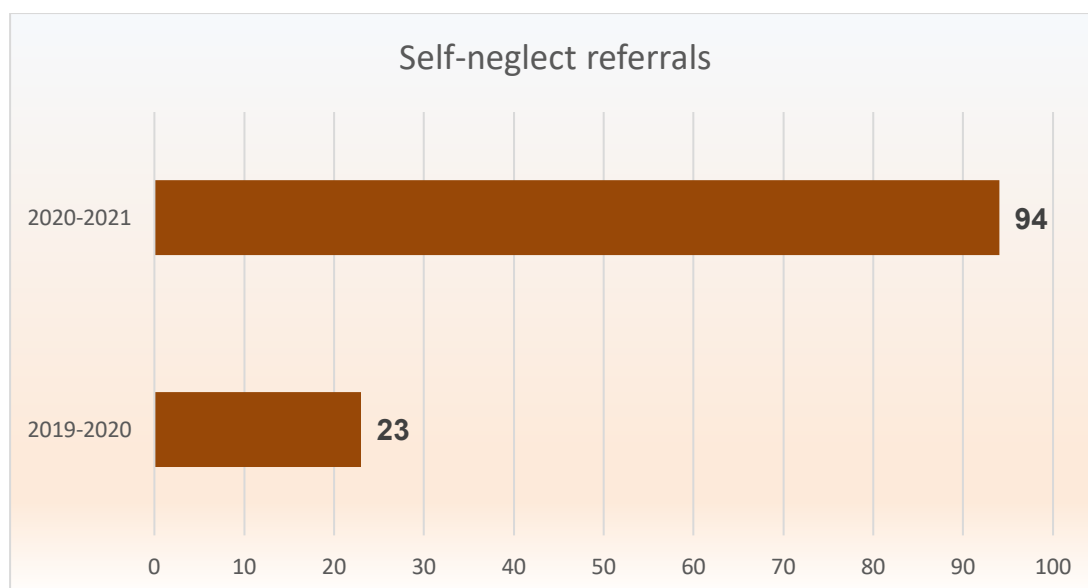
1. Multi-agency Self-neglect Policy rewrite

The rewrite of the Policy including the assessment tool and introduction of the Risk Escalation Conference in 2019/20 was in response to recommendations from a discretionary Safeguarding Adults Review (SAR) which the Board commissioned.

Avoiding situations that give rise to a Safeguarding Adults Reviews and recognising and providing support to those in need of it, is vital to the work of the Board. The use of the Kirklees Multi-agency self-neglect policy is a prime example of a piece of work which encompasses all of the 6 safeguarding principles in one document.

2020/21 was a key period for the Board to implement and disseminate the information, raising awareness with frontline staff and volunteers across the partnership on where to find the policy, and when and how to use it. Detailed earlier in this report is the comprehensive [programme of work](#) carried out.

This was a significant piece of work which the Board firmly believes has made a positive difference and this is evidenced in the increase in self-neglect referrals over the period.



2. Use of Technology

We were forced to adapt quickly to COVID working, and the Board partners and subgroup members collaboratively looked at mitigations across the partnership, seeking assurance that safeguarding arrangements remained a priority. One of the major shifts in working was the reliance on new technologies, in particular the use of Microsoft Teams.

“The coronavirus pandemic (COVID-19) created a global health and social care crisis that significantly impacted on safeguarding adults practice. Measures to curb person-to-person and community transmissions of the COVID-19 virus meant that most statutory and community services that supported the needs and outcomes of those experiencing, or who are at risk of harm, abuse and neglect had to rely on digital technology and telephone communications because of government lockdown restrictions (Safe Lives 2020; SCIE, 2020). The effects of government lockdown restrictions such as self-isolating, shielding and social distancing limited the use of community resources and put additional pressure on some of the most vulnerable members of our community. A SCIE publication (2020) identifies that scamming through cold calling increased during the COVID-19 crisis. Home visits for assessments of safeguarding concerns were significantly impacted by the COVID-19 pandemic both in the UK and internationally (Meyer-Kalos et al., 2020; Safe Lives, 2020). Virtual assessments by use of digital technological platforms such as Zoom,

Skype, Microsoft Teams (Ms Teams) and telephones in safeguarding adults practice became the 'new normal'." ⁴

- Network events were delivered via an MS Teams platform which gave more opportunity for more staff to attend. Using this format enabled the recording of the session so we were able to share across the wider partnership for those staff members who were unable to attend. This method of dissemination will be utilised moving forward to allow key messages and learning to be made widely available. In addition to local arrangements the Covid-19 pandemic has opened up opportunities to 'attend' events nationally and staff are able to join events in Scotland for example allowing more flexibility to learn.
- Meetings between the Core Statutory Partners and the Independent Chair were held more frequently, as well as Board and subgroup meetings. This allowed the Board to acknowledge the pressures the partners were under whilst being able to exercise their functions and decision-making – providing more flexibility and better time management. The Board recognised through partner responses at the challenge event, the disadvantages that having no face-to-face contact can have on identifying abuse and neglect. Partners quickly responded by putting in place mitigating actions (further detailed in Partner agency responses below). The Board recognised that although some risks were mitigated this is not a substitute for face-to-face contact and continues to monitor.

Working in a joined up multi-agency approach to address potential risk created stronger partnerships. Partners have submitted their agency achievements over the last 12 months which highlight how they individually and jointly met the Board's strategic objectives.

⁴ Safeguarding Adults Practice and remote working in the Covid 19 era: Challenges and opportunities (Ann Anka, Helen Thacker and Bridget Penhale 2020)

Agency Achievements

Covid 19 Response

- Measures were put in place during the pandemic and despite these measures, safeguarding concerns remained low throughout the lockdown periods in comparison to previous years. A proactive approach was taken to enable us to understand the reasons for this and act accordingly in order to continue to meet our statutory duties.
- The Safeguarding Team worked closely with Care Home Early Support and Prevention (CHESP) colleagues. We implemented virtual calls and established face to face video contact with care homes and residents in lockdown to identify care homes that were receiving increased surveillance, with a view to prioritising video calls and virtual walkabouts at these care homes

Making Safeguarding Personal

- There have been amendments to some safeguarding documents and the screening tool at the front door to recognise and reflect the need to continually address the express wishes and desired outcomes of the adults at risk or their representatives
- In addition to this, through the partnership with Healthwatch, if service users and/or their carers consent to providing feedback about their experiences, we have initiated a system for Healthwatch to contact them to seek their views
- Adult Social Care hubs have continued to complete face to face visits when necessary, following the government PPE guidance
- Section 42 enquiries have also continued to progress virtually, and this has included gathering information through phone calls, Skype, Teams and electronic systems
- All relevant safeguarding meetings have also continued to take place via teams to ensure a timely progression of enquiries

Deprivation of Liberty Safeguards (DoLS)

- In readiness for the introduction of the Liberty Protection Safeguarding due in 2022, Adult Social Care were able to invest additional resources into the Dols work
- The Council continues to run a monthly virtual forum for Best Interest Assessors and continues to invest in BIA's attending the regional BIA conference
- Work has begun in partnership with Healthwatch to enable audits to be completed with service users in respect of their journey

Data, Intelligence and Quality

- Business intelligence and data has developed significantly over the last 12 months with the introduction of Tableau which is accessible to all managers
- There are stronger links between the Business Intelligence Team, the Safeguarding Manager and Service Managers
- Introduction of a temporary pause of enquires by the Enquiry Officer due to "causing others to make enquires on Local Authority's behalf
- Rolled out the online reporting form to partner agency

- There continues to be agreed learning and attendance of CQC team meetings by staff to support decision making

Cross cutting safeguarding agendas

- There continues to be Adult Social Care commitment and representation supporting the various linked agendas, both at operational and strategic levels:
- In 2020, 2 x Domestic Abuse Officers were welcomed into the Safeguarding Team
 - Kirklees continue to support NRPF however there requires a robust system and staff training to meet the expected demands for future persons arriving in Kirklees
 - Domestic Violence weekly updates shared with Executive Team and Elected Members, specific, creative, and targeted campaign work and ongoing, deep analysis of data from a number of key sources
- Recruitment of 2 full time Child Sexual Exploitation Adult Survivor Social Workers
- 2 x full time Child Sexual Exploitation Adult Survivor Social Workers were successfully recruited

Learning and continuous development

- Safeguarding presentations have been implemented as part of inductions for students and newly qualified social workers
- Adult Social Care have contributed to 'Safeguarding Week' in conjunction with other partners to continually try to raise awareness of safeguarding to the public and across other services
- The Teams platform has been utilised to provide training, catch up daily team meetings, and safeguarding enquires meetings to ensure the safeguarding process is completed
- There have also been significant challenges with recruitment and retention of staff which has resulting in a review of the system by applying a 'demand and capacity' methodology. This has enabled the good practice identified through peer review to be upheld by identifying solutions that will positively impact on future recruitment and retention of the workforce
- The safeguarding learning and development offer has been reviewed and updated to reflect current needs and new ways of working
- The Dignity in Care workstream has been re-energized with virtual events being offered enabling wider attendance
- MS Teams spaces have been set up for assessment teams to share links to useful guidance, research, and ways to keep updated

This year has been a more challenging one than ever to keep focus and deliver the priorities for safeguarding adults at risk whilst supporting the system to respond to the pandemic. However the challenge also brought new opportunities to do things in a different way, which the CCG has embraced.

Throughout the last year which has seen virtual approaches adopted to delivering key work, 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 which supports and prioritises work of the Board
- Continuing as deputy chair of the SAR subgroup, and have supported the Safeguarding Adults Reviews that have been undertaken this year, liaising with General Practice to deliver GP key information are included as part of the reviews
- The CCG Safeguarding Team have also continued to attend and engage in the work of the other subgroups including the Quality & Performance subgroup and the Learning & Development subgroup, and the Dignity in Care Subgroup (supporting the delivery of a virtual Dignity in Care event this year)

The Head of Continuing Care has continued to lead virtual processes for the Care Home Early Support and Prevention (CHESP) meeting. The multi-partner meeting provides oversight of Care Homes and takes a proactive preventative approach for identifying and addressing concerns that may arise in Care Homes across Kirklees, so that safe standards of care are priorities and support to Care Homes delivered.

As part of the CHESP support during the pandemic, a multi-Agency Covid-19 Escalation process was developed. The CCG has alongside its health partners, supported Care Homes and other Independent Sector provision in Kirklees since the pandemic started. This has included:

- The delivery of Infection Control and Prevention Training and the correct use of Personal Protective Equipment, and correct processes for testing for Covid-19.
- The roll-out of training to Care Home staff for recognising the 'soft signs' of someone who is clinically deteriorating and will need health support
- Other support such as the provision of extra support to Care Homes and Domiciliary Care Providers including supplier relief payments, weekly webinar support, weekly information bulletins, IT equipment and extra funding to support of 1-1 care for individual residents discharged from hospitals during the pandemic
- The CCG also instigated pro-active quality assurance virtual visits with Care Homes.

The CCG Safeguarding team led on the development guidance on Covid vaccination in relation to the mental capacity that was supported by the Kirklees Local Authority and distributed to widely within Kirklees and have supported other key information being sent out to frontline health practitioners as part of the response to the pandemic.

With the support of newly recruited Named GP's for safeguarding to work within the CCG team, the previous GP Practice Safeguarding Leads meetings led by the Team were re-engineered and delivered via a virtual approach. The meetings previously provided up to date information, group supervision to support GP's in their safeguarding roles in practices. However this year a learning element has been added to each meeting that occurs on a quarterly basis and the subjects in this year have included a session on Domestic abuse.

The team also delivered safeguarding training to GP staff via virtual processes on self-neglect and key learning from cases that supported the continued raising of awareness of the KSAB self-neglect policy and process guidance.

A new approach to delivering key information to CCG staff and General Practice colleagues has seen development and distribution of '7 minute learning briefings' produced by the CCG Safeguarding team on key topical areas including:

- Poverty, inequality and the impacts on safeguarding
- Explored a self-neglect case and the key learning
- Modern Slavery

The plan is to continue to use the 7 minute briefing approach to distribute key learning to all staff (including learning from Safeguarding Adults Reviews), but with links embedded in the briefs to more in depth reading.

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 attendance of main commissioned Health Provider Safeguarding Committees delivered via virtual approaches.

The West Yorkshire and Harrogate Partnership (Integrated Care System) meeting of CCG Designated Safeguarding Professionals (set-up and chaired by the CCG Head of Nursing and Safeguarding) has continued to meet on a monthly basis. During the pandemic much work of the group share learning from and working together on relevant projects on the 'do once and share' principle, including some guidance that has been distributed (including the sharing and distribution of the MCA Guidance developed by the shared CCG Safeguarding Team).

West Yorkshire Police (WYP)



West Yorkshire Police have continued to cope with the challenges faced by the COVID-19 pandemic, whether that be through adapting our approach to how we interact with members of the public or flexing resources to cope with staff absences. Despite a challenging year, there have been a number of positive achievements.

In continuing to put vulnerable people at the heart of service delivery, a new approach is being trialled for contacting the Police. The GoodSam app allows Police call handlers and investigators to video call victims and witnesses of crime and saves both time and travelling to those who want to discuss issues with us but still maintains a positive service. An officer will still attend where there are obvious vulnerabilities, but with changes in legislation around taking witness statements via telephone or video call, it has allowed more people to provide accounts without having to leave their homes or have an officer visit them.

In recognising that Safeguarding Team demand is continuing to increase, West Yorkshire Police have undertaken a review of service delivery over these areas. This has led to recommendations that extra posts within our Adult Protection and Domestic Abuse Teams will be created to provide more support to vulnerable victims and cope with the ever-increasing complexity across these areas.

Within Kirklees, a new trial has begun with a Police Sergeant working within the Adult Safeguarding Team within the local authority. This is to strengthen the links that already exist, provide a single point of contact, and ensure that referrals from Police are timely and appropriate. In reviewing this work, a new method of referrals will now be implemented which will see a more improved and consistent referral system introduced for front line officers to make sure that no vulnerable people are missed and where information already exist it can be acted upon appropriately by all agencies. The Sergeant now working in partnership has also been able to strengthen the links between the

Adult Safeguarding Teams, Child Safeguarding Partnership Teams and the Domestic Abuse Teams, including the DRAMM process. This is already seeing improvements to identifying vulnerable adults and families and making suitable interventions in a much timelier manner.

Following on from the recommendations in several SAR's this year, Police Officers both in specialist teams and front line have been given extra training around self-neglect protocol from their role in identifying it to how and when to make referrals. There has also been an enhanced package of support around Criminal Exploitation and the role of vulnerable adults in 'County Lines' process, sometimes referred to as cuckooing. Extra training has been given in terms of concerns about such individuals and this has led to a new flagging system within police systems to enable those at risk of this type of exploitation to be more easily identified.

Public Protection Teams continue to monitor and manage individuals within the community who are deemed the highest risk to others. This has been further enhanced this year by Kirklees being the pilot for training a polygraph officer. This will allow lie detector technology to be utilised in West Yorkshire for the first time and once trained, the officer will be able to be utilised to assess those who are believed responsible for sexual offences in the first instance. However, with changes to the Domestic Abuse laws, this technology has opportunities to protect vulnerable people across the board and is something which will undoubtedly need all partners to consider how and when we may be able to use it most effectively.

Calderdale & Huddersfield NHS Foundation Trust (CHFT)



The Coronavirus Act 2020 did not suspend professionals' duties to safeguard children and adults or their responsibility to comply with the Mental Capacity Act/ Deprivation of Liberty Safeguards during this challenging time.

The Safeguarding team have maintained the safeguarding service consistently throughout the pandemic, ensuring our key statutory roles were maintained. There have been several changes to the team including the recruitment of a new Head of Safeguarding, Named Midwife for Safeguarding, Named Professional for Adult Safeguarding and a Safeguarding Adults Practitioner.

The Safeguarding Team have fulfilled all partnership requests for information and have contributed towards several safeguarding reviews during this period. Significantly the learning from a local SAR, which identified health issues of people with multiple and complex needs, including those leading street-based lives has resulted in CHFT working alongside the partnership to consider trauma informed practice approaches and along with the Making Every Adult Matter (MEAM), should improve the health outcomes of patients with such complex needs and may address some local health inequalities.

Self-neglect has been a significant theme in Safeguarding Adults Reviews (SARs) during this period and the self-neglect pathways and risk escalation conferences are in regular use. Other SAR reports have identified the use of the Mental Capacity Act (MCA) with patients who may have difficulties with their executive functioning (such as those with substance misuse problems, head injuries and phobias etc). We have updated the MCA policy to reflect this area and have inputted into various multi-agency groups to ensure that recent case law is drawn to the attention of staff working with people with complex needs. The bespoke face to face training programme also includes information relating to this.

We have seen several complex mental health patients (adults and children) over the last year and continued to be involved pro-actively with Divisions to ensure these are managed safely. The team have prioritised essential safeguarding work and maintained information sharing between partner agencies.

We have continued to work closely with and support the work of the Safeguarding Board, providing assurance that CHFT continues to meet its statutory responsibilities within safeguarding. We have continued to support staff with new ways of virtual working by developing guidance on how to recognise and respond to safeguarding issues.

We have successfully bid for a Ministry of Justice grant to fund a health IDVA to be based at HRI for 2 years

Our key achievements include: -

- During the Pandemic our focus has been to keep the base safe and in doing so we have achieved over 90% compliance in levels of Safeguarding Adults and Children, Female Genital Mutilation and Prevent competencies.
- For MCA DoLS training compliance level 1 has fluctuated between 83.3 – 91.2% during the reporting period. This is possibly due to the training which was adapted for the COVID pandemic response with a self-declaration which has not yet been recorded.
- We have maintained a business as usual functionality throughout the pandemic, continuing with day-to-day operations and attendance at multi-agency virtual Safeguarding Adults Board meetings subgroups.
- Discharge quality improvement work with partner agencies (under the SAFER service improvement agenda) continues to work towards the improvement of the quality of hospital discharges.
- The service level agreement with SWYPFT was updated to ensure that mental health services provided to CHFT continue effectively.
- CHFT ward staff have continued to make Deprivation of Liberty Applications throughout the pandemic ensuring the rights of our patients are safeguarded. These have continued to increase in 2020-2021 showing a maintained awareness amongst staff to ensure the Human Rights of patients are protected.
- Continue to prepare for and work towards the implementation of Liberty protection Safeguards
- Continued to update Safeguarding Policy in line with local and national recommendations
- Continued to support Mental Health Act tribunals and hospital managers hearings and patient's rights to appeal have been discharged throughout this period.
- Continued to work in partnership with the mental health trust to train staff to receive mental health act papers to ensure compliance with the mental health act.
- Continue to respond to information requests and attend Channel panel meetings.
- Held a virtual safeguarding week in September 2020.
- Continue to share learning from safeguarding reviews by developing 7 minute briefings.

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)



The safeguarding team within South West Yorkshire Partnership NHS Foundation Trust have remained a critical service throughout the Covid19 pandemic, to support the frontline practitioners to deliver their statutory duties to safeguard those who may be a risk of abuse or neglect. The safeguarding team are 'business critical' and have assisted with the other key Trust priorities such as swabbing, the seasonal flu vaccination programme, and the Covid19 vaccination programme, although this has not detracted from core business of safeguarding.

Throughout the pandemic the safeguarding team has continued to offer advice and support to our services, via virtual meetings. Senior management have an overview of any safeguarding incidents via the incident reporting system and through the governance of the risk panel. There has been investment in the safeguarding team with the successful recruitment into the safeguarding adult's advisor position in November 2020 and in March 2021, the new joint safeguarding advisor commenced in their role.

The training for safeguarding, both safeguarding children and safeguarding adults has been adapted and delivered virtually and the compliance rate remains above the mandatory target set at 80% by the Trust. The safeguarding team continue to operate the daily advice line and if the level of risk determines face to face contact or referral to another partner agency this will be advised. Supervision continues to be delivered through Microsoft Teams to practitioners. There are business crisis / contingency plans for the whole Trust and safeguarding work closely with the Safer Staffing lead and Directors to address any issues to ensure that the staff and service users are supported.

There has been increased information nationally and locally around the increase of domestic abuse cases. The review of the national collection of safeguarding adult reviews also identified that self-neglect was the higher area of concern. This information has been shared with practitioners and there has been an increase in practitioners wanting to access the West Yorkshire Quality Mark Training for Domestic Abuse, which the safeguarding team have been delivering to clinical teams. This increase in knowledge and skills will impact on the quality of care and the increase in professional curiosity. Following a domestic homicide review in another locality within the Trust the safeguarding team developed the threats to kill guidance document, this is accessible to front line practitioners through the intranet. Self-neglect is another area of concern that has been identified nationally. Within SWYPFT the safeguarding team have produced bespoke training sessions to promote the professional curiosity regarding any potential self-neglect cases.

The safeguarding team are involved in the sexual safety collaborative work, supporting staff and service users to minimise the risk of sexual safety incidents.

The connectivity with other Boards and agendas, Domestic Abuse Act (2021) impact of changes and links to safeguarding.

Engagement with the victims, public, carers, to evaluate, develop and shape future services.

To work collaboratively with partners to promote safeguarding, to develop strong leadership, supervision and multi-agency peer support.

Mid Yorkshire Hospitals NHS Trust



Safeguarding Adult Team

2020-2021 was an unprecedented 12 months which brought a number of new and unexpected challenges for the trust and the Safeguarding Team. The team faced significant challenges with staff members supporting the wards clinically and shielding at home throughout the pandemic. Although there were a number of challenges the team were able to provide a business as usual approach to supporting the trust and partner agencies.

Clive Barrett (Head of Safeguarding) retired in March 2021 and was replaced by Marie Gibb

Safeguarding Adults Achievements 2020/21

The team were notified of 671 incidents that staff felt required an overview by the safeguarding team. Each incident is reviewed by the team and advice is provided. Where additional support is required the team will attend the clinical area to speak with the patient and staff members face to face. In addition to this we provided safeguarding supervision on 101 occasions following telephone calls for advice.

Implementation of the Safeguarding Control Note within PPM+. This ensures that the advice provided within PPM+ for staff is not missed within clinical entries.

Work is underway with digital services for a Safeguarding Adults node to be added to SystemOne. It is expected that this will be completed by July 2021.

The enhanced care of adults risk assessment has been updated and rolled out to all wards. Training has been provided to all ward managers and additional training for wards with high incident rates.

Section 42 enquiries are now logged within Datix using a template that allows the team to record concerns and outcomes.

Training

Despite not being able to offer face to face safeguarding and mental capacity act training for staff we were able to maintain the training figures at above 85% in all but 2 areas (MCA level 2 and SGA level 3). The safeguarding team have changed their approach to training offering a personalised e-learning package which had a voiceover by members of the team. Bespoke training was provided to teams where appropriate to ensure that compliance was maintained.

DoLS

During 2020/21 preparations continued for the planned introduction of Liberty Protection Safeguards (LPS) April 2022, and Safeguarding Team representatives met regularly with colleagues and partnership agencies. LPS has now been delayed until April 2022 and may be delayed further.

The Safeguarding Adult Team has continued to work with Local Authority colleagues in the West Yorkshire area and surrounding local authorities to maintain compliance with the Deprivation of Liberty Safeguards (DOLS) requirements.

Domestic Abuse

In preparation for the Domestic Abuse Bill becoming the Domestic Abuse Act an application for funding for an Independent Domestic Abuse Advisor has been made to the ministry of Justice. Domestic Abuse Stalking and Harassment (DASH) Training has commenced with Midwives and the patient safety team. This training will be extended to a wider range of staff in 2021/22.

Complex Needs

The Complex Needs Team which comprises of a full time Matron for Complex Needs, Lead Nurse for Dementia, Delirium and Mental Health educator, Complex Needs Liaison Assistant and two Complex Needs Support Workers. The core function of the Complex Needs Team is to support and facilitate equitable health care provision for adult patients with Learning Disabilities, Autism, Dementia and/or Delirium; improving patient experience and outcomes.

Our Complex Needs Liaison Assistant won the 'Our Health Heroes' regional Support Worker of the year, and we rolled out a new hospital passport that will support all patients with a complex need.

Kirklees Council Housing Services



- Other than a short period at the start of the pandemic all services were quickly back up and running albeit remotely within a few days of moving out of our office base and starting to work from home.
- As part of our initial response, we called over 7000 vulnerable customers to confirm if they had appropriate support in place and make referrals to services if this was required.
- In addition, we supported the wider Kirklees response to COVID by undertaking medicine and food parcel deliveries and setting up and staffing testing stations in the community. The service is currently running the PPE distribution network for Kirklees and West Yorkshire to ensure effective PPE distribution to care homes and peripatetic care providers to protect those who are most vulnerable.

- Over the year we have welcomed in new staff and have ensured all have receive induction and initial safeguarding training. Over three hundred staff have received safeguarding refresher training to keep them up to date with current safeguarding practice. This is part of our commitment to ensure our colleagues are supported in their work.
- We have developed manager supervision training to support managers and colleagues through the issues raised by safeguarding interventions.
- We have maintained a safeguarding champions network, and this is now informing the wider Kirklees approach to supporting safeguarding champions in other services.
- We have recently recruited a new safeguarding lead and look forward to the additional impetus that this role will bring.
- As part of our housing management system replacement, we are reviewing our safeguarding workflows and making changes were required
- Invaluable learning from 2 cases involving the death/s of individuals the service was working with, but also a recognition of the good practice we already have in place.
- Developed an internal Housing Services action plan dedicated to improving our responses to safeguarding which will remain ongoing and have a lead person to continue developing it.
- Commenced a review of Housing Services internal procedures ensuring safeguarding is at the centre of all our work (linked with the action plan).
- Refreshing and developing the role of our “Housing Champions” to help their colleagues have a better understanding of formal policies and procedures. This will also complement the corporate champions role being finalised.
- Housing safeguarding lead remains dedicated to supporting the SAR’s and the Self-neglect Risk Escalation Conference as well as supporting the KSAB.
- Improvements made across the teams to develop confidence with staff to instigate and lead a multi-agency approach to safeguarding. This approach will be used across all housing services.
- Developments being made to have a “buddy” approach for colleagues to help one another lead on multi-agency meetings. Buddies used from those teams who are confident already with leading and chairing this approach.
- Several cases across the year whereby staff have demonstrated going above and beyond to check the welfare of some of our most vulnerable clients, checking out of hours and seeking medical assistance to ensure the safety of our clients.
- General approach to ensuring the health and safety for all our customers in relation to Covid-19. This includes taking a risk conscious approach when looking at re-opening public spaces within extra care schemes, using the Government roadmap as part of a much wider framework and liaison with infection prevention control colleagues throughout.
- Safeguarding has continued to remain a standard item on all team meeting agenda despite the increase in other key priority areas.
- Refresher training for all staff on anti-terrorism and Prevent safeguarding policy.
- The launch of our ‘Housing and Safeguarding’ toolkit. This was launched with 2 initial documents but will expand to be a wider source of learning and information for staff on various topics. The examples used in the documents are tailored to be housing specific, allowing the user to understand the theory in a more accessible way.

The impact of the pandemic on providers of NHS services was unprecedented and the pace at which organisations and services had to adapt was phenomenal. Throughout the pandemic safeguarding functions were maintained and initiatives employed to safeguard children, young people and adults at risk throughout the pandemic, with clear evidence provided in the Locala Annual Safeguarding Report 2020-2021.

An increase in domestic abuse was a key concern during the pandemic, with Locala colleagues across all services having a key role to play in identifying and supporting victims of domestic abuse. Guidance was issued to support the continuation of routine domestic abuse screening during virtual contacts in services where routine screening is mandated. Additional resources and guidance remain available on the dedicated Domestic Abuse page on the intranet with regular updates added and cascaded throughout the pandemic. Routine screening was introduced on Covid testing sites and during antibody testing for all Locala colleagues. Assurance via Domestic Abuse Dip Sample Audit that domestic abuse screening has continued throughout lockdown during telephone consultations.

The safeguarding governance structure remained in place throughout the pandemic to ensure ongoing scrutiny and challenge of safeguarding arrangements and consideration of the impact of the pandemic on service users. No members of the safeguarding team were deployed, and the team remained available to support colleagues who were working in increasingly agile ways. A second Named Nurse for Safeguarding Children and Adults at Risk was appointed. Guidance was jointly produced by the safeguarding team and dental colleagues in the use of a safeguarding markers in R4 (the electronic record used by dental services) to facilitate the consistent use of flags to allow accurate data collection and monitoring of safeguarding concerns for individuals accessing Locala dental services.

Collaborative work in relation to care home early support and prevention (CHESP) has progressed. The enhanced role of the care home support team during the pandemic enabled them to support the safeguarding team with attendance at CHESP meetings. The establishment of monthly meetings with operational managers and the safeguarding team were established to discuss care homes identified as requiring additional support and to collate information from front line colleagues to report into CHESP. In addition, an internal care home reporting mechanism is to be established to provide information directly to the care home support team to enable early intervention and support to be provided to care homes.

New consent and capacity templates within SystmOne were developed. A task and finish group involving colleagues from a variety of services was established to redesign the template, which was piloted during March 2021.

5 Locala colleague telephone befrienders were recruited during Covid-19 in response to the recognised need for patients to receive telephone befriending calls, to help prevent loneliness during the lockdown period. To date over 127 calls have been made to 9 patients. The telephone befrienders also benefitted from the calls, as they reported to be feeling isolated due to working from home or living on their own.

Training sessions have been delivered to colleagues on the use of the Self-Neglect Pathway, and these were well attended by colleagues working in adult-services. Locala colleagues are identifying concerns around self-neglect, as reflected in the calls made to the safeguarding team.



2020-2021 is a period that will be remembered for the strengthening of joint working and Partnerships in Kirklees and across West Yorkshire. WYFRS alongside its partners, had to adapt their delivery and responses in an ever-changing backdrop, during the Covid-19 pandemic, which created many new challenges.

WYFRS personnel played a central role in the Kirklees Covid-19 Hub which was set up and coordinated by colleagues in the Council in terms of processing and distributing essential PPE to care homes across the region and District at the start of the pandemic and delivering food parcels to those most in need. We liaised alongside partners with Community Pharmacy West Yorkshire to facilitate Council and WYFRS personnel delivering emergency prescriptions within the community. We also helped set up and marshal the mass vaccination site at John Smith's Stadium in support of the Kirklees Vaccination Programme.

At the start of lockdown WYFRS introduced a reduced Prevention service. Day-to-day home visits ceased and were replaced by a Safe & Well telephone service, focused on giving priority advice to occupants over the telephone, liaising with family and carers accordingly to mitigate risks, until we were able to safely complete a visit. This approach was introduced as a protection measure for vulnerable customers in the community, to reduce unnecessary contact and to maintain our emergency response via workforce resilience.

A non-contact smoke detection drop-off service was introduced for people able or with a family member/carer able to fit their own detection following advice from us. In addition, we fitted smoke detection on a case-by-case basis in urgent cases and following social distancing measures. In addition, Kirklees Carephones were an integral partner during this period sharing intelligence about the most vulnerable residents and looking at joint responses. Fire Crews and Prevention Officers continued to highlight potential safeguarding concerns, liaise with partners and report accordingly in urgent cases.

This approach enabled us to provide a safe and resilient emergency response service, with all front-line resources and specialist capabilities remaining available and staffed throughout the pandemic.

Whilst adapting to a 'new normal' WYFRS developed an agreement in support of the Kirklees Modern Slavery & Human Trafficking Partnership's local response. By giving access to both Dewsbury and Huddersfield Fire Stations' community rooms, as alternative safe locations to bring victims, allowed the partnership freedom to carry out "operations" outside of normal office hours. It also provided a less daunting environment for victims to be held and debriefed by specialist staff, able to stay until taken back home or further safe accommodation had been sought.

Prevention messages during the year focussed on encouraging virtual home safety checks, linking to the WYFRS' website and highlighting increased risks of domestic fires with more people staying at home, cooking and working. This also supported the national message of #StayHomeSaveLives at the start of the pandemic.

Looking ahead to 2021-22

KSAB Strategic Plan

The Board will continue to work together with partner organisations and people in our communities so that adults can live the best lives they can with their wellbeing and rights being supported, safe from abuse and neglect.

Our work will follow the six Safeguarding Principles.

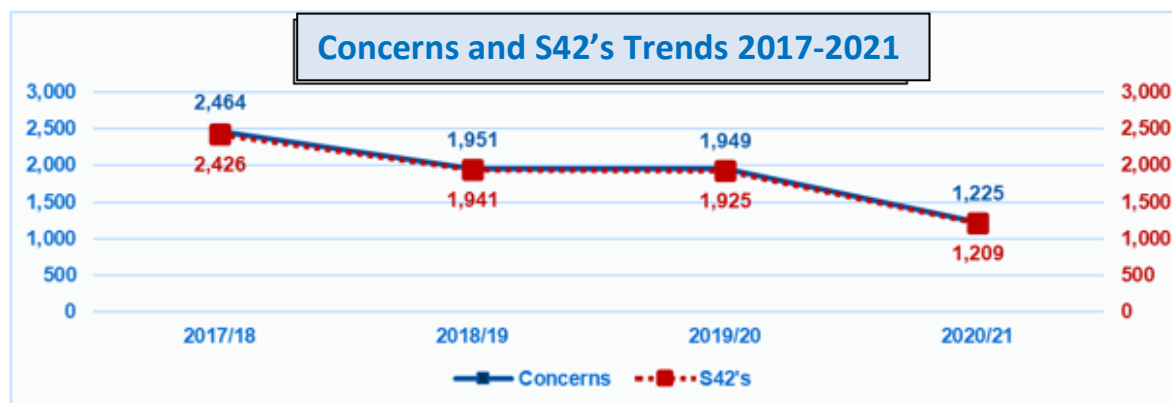
The Board's Strategic Plan sets out how we intend to deliver our services over the coming years and continues to be reviewed yearly to respond to local needs, addressing the evolving landscape.

For the next year (2021-22) the Board is taking a different approach to setting the priorities. We are focusing on a number of areas of focus and , multi-agency priority importance, which comply with our strategic shared objectives and cross-cutting themes. The Board continues to have a full partner consultation working on our shared areas of need.

Safeguarding and Deprivation of Liberty information

Please note: these figures are yet to be published by [NHS Digital](#)

Safeguarding concerns 2020/2021



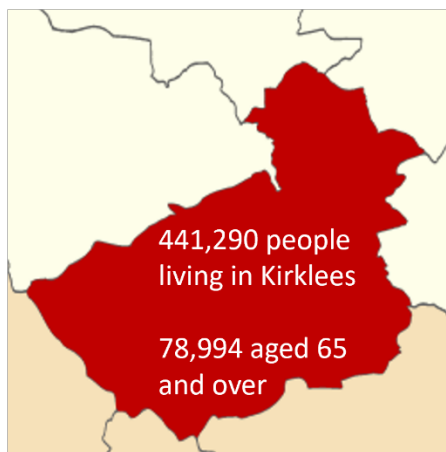
A concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council.

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.

Information in Relation to S42 enquiries 2020/2021



Source: Population Estimates Unit, ONS, 2020

1,225

Concerns raised during the year

1,209

Resulted in Section 42 enquiries

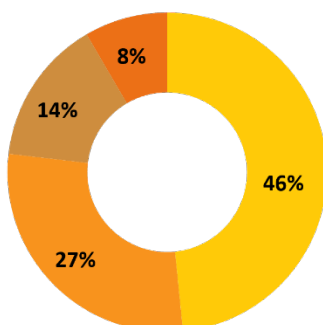
Location of where risk was identified

Care Home	60%
Own Home	26%
Hospital (All)	9%
Community Services	3%
Other	2%

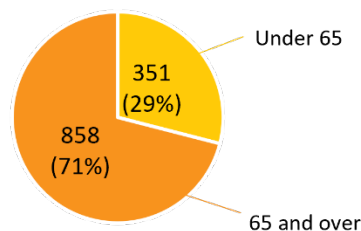


Types of abuse

- Neglect
- Physical
- Psychological
- Financial



Age profile



Ethnicity profile

931 stated 'white' as their ethnicity

278 stated 'other' as their ethnicity

Gender profile



More women than men were at the centre of the enquiry

Risk Outcomes

Cases where, after action has been taken to support management of risk, the circumstances which made the person vulnerable have been addressed:

Risk removed 17%

(fully addressed and the individual is no longer subject to that specific risk)

Risk reduced 82%

(circumstances which made the individual vulnerable have been mitigated)

Risk remains 2%

(circumstances causing the risk are unchanged and the same degree of risk remains – there may be valid reasons one of these being individual choice)

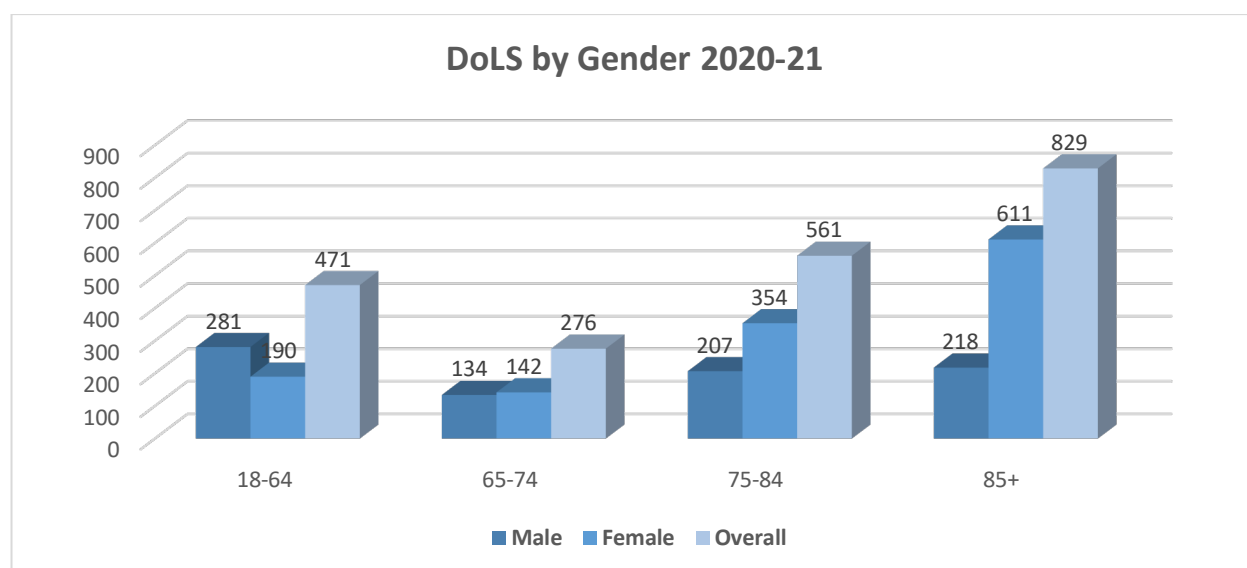
Deprivation of Liberty (Dols)⁵ 2020-21

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
2020/21	1717	31	389	2137

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

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 2020-21

	Male	Female	Total
Physical: Hearing Impairment	16	22	38
Physical: Visual Impairment	10	23	33
Physical: Dual Sensory Loss	3	8	11
Physical: Other	81	112	193
Mental Health Needs: Dementia	316	692	1008
Mental Health Needs: Other	107	136	243
Learning Disability	179	124	303
Other Disability	73	133	206
No Disability	55	47	102
	840	1297	2137

⁵ The Deprivation of Liberty Safeguards (DoLS) procedure is designed to protect your rights if you are, or may become, deprived of your liberty in a hospital or care home in England or Wales, and you lack mental capacity to consent to those arrangements. (AgeUK Deprivation of Liberty Safeguards factsheet, March 2021)

Kirklees Safeguarding Adults Board members 2020-2021

Mike Houghton-Evans, Independent Chair (Retiring)
Kirklees Safeguarding Adults Board

Penny Woodhead, Chief Quality & Nursing Officer and KSAB Vice Chair
NHS 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 replaced mid-term by:
Andrea Dauris, Associate Director of Nursing (Corporate) (Calderdale & Huddersfield NHS
Foundation Trust)

Clive Barrett, Head of Safeguarding
The Mid Yorkshire Hospitals NHS Trust

Julie Warren Sykes, Assistant Director of Nursing, Clinical Governance and Safety (South West
Yorkshire Partnership NHS 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

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

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.



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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2021/22

MEMBERS: Cllr Habiban Zaman (Lead Member), Cllr Bill Armer, Cllr Aafaq Butt, Cllr Vivien Lees-Hamilton, Cllr Fazila Loonat, Cllr Lesley Warner, David Rigby (Co-optee), Lynne Keady (Co-optee).

SUPPORT: Richard Dunne and Yolande Myers, Principal Governance Officers

FULL PANEL DISCUSSION		
THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p>1. Financial position of the Kirklees Health and Adult Social Care Economy</p>	<p>Maintain a focus on the finances of the local health and social care system to include:</p> <ul style="list-style-type: none"> • An update on the impact of Brexit and Covid-19 to include exploring the implications on staff numbers/shortages. • Assessing the local approach to developing a workforce strategy. • A focus on the implications of the financial pressures on services provided and commissioned by Adult Social Care. 	
<p>2. Impact of Covid-19 on the Health and Adult Social Care Sector</p>	<p>To look at the impact of Covid-19 on the local health and adult social care sector to include:</p> <ul style="list-style-type: none"> • Considering the capacity of the system • Monitoring the impact on planned surgery waiting lists • Considering planned changes to service delivery as a consequence of the pandemic. • Assessing the impact of the “health debt” due to delays in health screening, cancer treatments, vaccinations etc. • Looking at the local plans for catching up with delayed treatments. • Lessons learned to include looking at how services across the health and adult social care sector have adapted practice to take account of the impact of the pandemic. 	<p><u>Panel meeting 19 August 2021</u> Representatives from Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust provided an update on the impact of Covid-19 on Acute Hospital Trust.</p> <p>The update was noted and the panel requested a written update on the suspension of the provision of planned inpatient surgery at Dewsbury Hospital.</p>

	<ul style="list-style-type: none"> • Assessing the broader impact on adult social care including the increased social care needs for older people as a consequence of reduced mobility and access to services and activities during the pandemic. • The impact of long Covid 	
3. Integration of Health and Adult Social Care	<p>An overarching theme that covers the move to increasing the integration of services across the health and adult social care sector to include:</p> <ul style="list-style-type: none"> • Looking at the progress and effectiveness of Community Care Services (CCS) in Kirklees. • Reviewing progress of the Primary Care Networks (PCNs) to include the effectiveness of their integration with other key services and agencies across the local health and social care network. • Assessing the impact of CCS in Kirklees in reducing avoidable A&E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits. • To consider the implications of the changes from legislative proposals that are intended to integrate care within the NHS and encourage greater collaboration between the NHS and local government and other agencies to include: <ul style="list-style-type: none"> ○ How the changes will impact on local commissioning and delivery of service. ○ Considering the changing health and care landscape to include a focus on the progress of collaboration between local providers. • To consider the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service 	<p><u>Panel meeting 11 November 2021</u> Representatives from Locala provided an update on services delivered by them, including reducing unnecessary hospital admissions and delays in discharge. Locala updated the Panel on the development of the same day urgent/emergency response and the integration of Gateway to Care Service and Single Point of Contact Service.</p> <p>The Panel requested that the blueprint regarding the integration of services reflect how it felt as a carer and as a community partner.</p> <p><u>Panel meeting 9 February 2022</u> Representatives from Kirklees Clinical Commissioning Group presented an update on the development of Primary Care Networks (PCNs) and access to primary care medical services.</p> <p>The Panel agreed that a further update be arranged to assess the progress of PCNs and to look at the work being done to continue to build an efficient and effective GP service.</p>

<p>4. Digital Technology</p>	<p>An overarching theme that looks at the impact of the use of digital technology in the delivery of health and adult social care services.</p>	
<p>5. Mental Health and Wellbeing</p>	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> • Reviewing progress of the work being delivered through the Kirklees Integrated Wellness Service. • Suicide prevention • Looking at the Council’s work in supporting mental health provision across the various localities in Kirklees. • To look in more detail at the services provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPF) to include redesign of services and any post pandemic new initiatives. • Looking at the wellbeing and support for unpaid carers including working carers. 	<p><u>Panel meeting 9 February 2022</u> Representatives from Kirklees Public Health and South West Yorkshire Partnership NHS Foundation Trust presented an update on the work being done across Kirklees on suicide prevention.</p> <p>The Panel endorsed and supported the recommendations that all partners should proactively promote and raise awareness of the training offers via Northorpe Hall; and that the Zero-suicide alliance training should be recommended to all to help with consistency of language and approach to help more people to stay safe.</p> <p>In addition the Panel requested that a broader discussion be arranged to focus on the work that is being carried out through the Thriving Kirklees Single Point of Access Service.</p>
<p>6. Quality of Care in Kirklees</p>	<p>Receive an annual presentation from CQC on the State of Care across Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on Adult Social Care • The impact of COVID-19 on the quality of care in Kirklees. 	<p><u>Panel meeting 7 December 2021</u> Representatives from CQC presented an overview of the state of care in Kirklees.</p> <p>The Panel agreed that a follow up session should be arranged to include dentistry and to consider progress of the new CQC strategy.</p>

7. Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report	<p>To receive and consider the KSAB Annual Report to include consideration of the Impact of Covid-19 on safeguarding adults during periods of lockdown.</p>	<p><u>Panel meeting 7 October 2021</u></p> <p>The Panel received a presentation on the proposed approach to developing the Kirklees Joint Health and Wellbeing Strategy.</p> <p>The Panel requested that its comments and views on the proposed approach to the Strategy and the high level aspirations and ambitions for the health and wellbeing of the residents of Kirklees be noted.</p>
8. Yorkshire Ambulance Service (YAS) Response Times	<p>To receive an update on performance and demand across all areas of Kirklees to include:</p> <ul style="list-style-type: none"> • A focus on response times for categories 1 and 2. • Looking at the variances of performance across Kirklees. 	<p><u>Panel meeting 8 July 2021.</u></p> <p>The Panel received an update on performance, demand and quality in Kirklees.</p> <p>The information provided was noted and the Panel requested that for future updates the data should also include the ambulance pick-up and drop-off times.</p>
9. Kirklees Public Health	<p>An overarching theme that looks at the work of Public Health Kirklees to include:</p> <ul style="list-style-type: none"> • Continuing to receive regular updates on the impact and response to Covid-19 (to be kept under review) • Assessing the performance of the Immunisation Programmes in Kirklees to include any future coronavirus programmes. • To review the work being done on population health management. 	<p><u>Panel meeting 8 July 2021</u></p> <p>Kirklees Public Health presented an update on the local position and response to Covid-19.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> • A request for information on the current rates of covid-19 hospitalisations including the trend in Kirklees; and the current

		<p>assessment of the impact on people who have been diagnosed with long Covid.</p> <ul style="list-style-type: none"> • That a further update be scheduled for the August meeting to include a focus on the impact of the proposed removal of national restrictions. <p><u>Panel meeting 19 August 2021</u> Kirklees Public Health and Public Protection presented an update on the local position and response to Covid-19.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> • Reviewing the approach to receiving future covid-19 updates. • A request for information on the uptake of financial assistance to qualifying individuals who have to self-isolate.
<p>10. Update on Winter Planning</p>	<p>Update on winter preparations 2021/22 from the Kirklees Health and Adult Social Care sector to include: Receiving details from key organisations across the local health and adult social care section on preparations for winter to include the key areas of focus.</p> <ul style="list-style-type: none"> • lessons learned from the winter period 2020/2021. • feedback and experiences of service users from last winter period. 	<p><u>Panel meeting 7 October 2021</u> Representatives from organisations across the Kirklees Health and Adult Social Care system presented an outline of the work that was being done to prepare for the winter period 2021/22. The information provided was noted. In addition the Panel requested that partners across the local health and adult social care system continue to review risks during the winter period and notify the Panel should any major issues affecting the provision of services occur.</p>

11. Effectiveness of smoking cessation arrangements in Kirklees.	To review the effectiveness of smoking cessation arrangements in Kirklees to include a review on how people with complex mental ill health are supported.	
12. Kirklees Care Homes Programme Board including analysis of the home care market	Receiving an update on progress of the Board to include: <ul style="list-style-type: none"> • Looking at the key issues and challenges identified by the Board and the actions taken to address them. • Details of the training and support that will be provided to care homes on the verification of expected death, end of life care plans and testing and swab taking. • Continue monitoring the outcomes of the analysis of the home care market to include receiving a copy of the final report from Cordis Bright and implementation plan. 	<u>Panel meeting 11 November 2021</u> Representatives from Kirklees and the CCG attended to update the Panel on the work of the Programme Board which included some of the challenges following Covid affecting how the care home market operates. Agreed actions included: <ul style="list-style-type: none"> • A request for further information relating to current bed occupancy.
13. Healthwatch Kirklees	To develop the working relationship with Healthwatch Kirklees to include sharing of work programmes and identifying local areas of concern to inform the work of the Panel.	<u>Panel meeting 7 October 2021</u> Representatives from Healthwatch provided an update on their workplan. The Panel noted Healthwatch's key areas of work and agreed to continue to share work programmes and monitor local areas of concern.
14. Air Pollution	To assess the health risk associated with air pollution.	
15. Rainbow Child Development Unit at Calderdale and Huddersfield NHS Foundation Trust (CHFT)	To consider proposals to relocate the Child Development Service (CDS) and create a central community hub for families to include co-location with specialist nursing input and community therapies.	<u>Panel meeting 8 July 2021</u> Representatives from CHFT presented the plans to relocate the CDS.

		The Panel supported the proposals including the Trust's preferred location and requested that the outcomes from the engagement work be presented at a future meeting.
16. Reconfiguration of Bed Capacity in Kirklees supporting with Intermediate Care and Dementia Care	To consider proposals to reconfigure the dementia and Intermediate Care Beds across Moorlands Grange, Castle Grange, Ings Grove House and Claremont House to include a temporary decant of The Homestead Day Service.	<p><u>Panel meeting 7 December 2021</u></p> <p>Representatives from the Adult Social care and Locala presented the plans for reconfiguring the dementia and intermediate care beds in Kirklees care homes.</p> <p>The Panel noted the proposals and requested feedback early in 2022 on the impact of winter pressures on IMC services.</p>

LEAD MEMBER BRIEFING ISSUES

ISSUE	AREAS OF FOCUS
1. Mid Yorkshire Hospitals NHS Trust (MYHT) Ambulatory Emergency Care (AEC) Services and Services provided at Dewsbury and District Hospital (DDH)	Update on the closure of the AEC unit at DDH.
2. Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)	<p>Receive an update on progress of:</p> <ul style="list-style-type: none"> • The programme of change at CHFT. • The work being done by MYHT on its Outpatient Care.

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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –
2021/22**

MEETING DATE	ITEMS FOR DISCUSSION
8 July 2021	<ol style="list-style-type: none"> 1. YAS performance and demand update 2. COVID-19 update 3. Setting the work programme for 2020/21 4. Child Development Service
19 August 2021	<ol style="list-style-type: none"> 1. Impact of Covid-19 on the Health and Adult Social Care Sector 2. COVID-19 update
7 October 2021	<ol style="list-style-type: none"> 1. Healthwatch Kirklees sharing of work programme 2. Update on Winter Planning 3. Health and Wellbeing Strategy
11 November 2021	<ol style="list-style-type: none"> 1. Community Care Services (CCS) in Kirklees 2. Kirklees Care Homes Programme Board Update
7 December 2021	<ol style="list-style-type: none"> 1. CQC – Quality of Care in Kirklees 2. Reconfiguration of Bed Capacity
9 February 2022	<ol style="list-style-type: none"> 1. Mental Health and Wellbeing – focus on suicide prevention 2. Review of PCNs
10 March 2022	<ol style="list-style-type: none"> 1. Kirklees Public Health – population health management. 2. Adult Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report
14 April 2022	<ol style="list-style-type: none"> 1. Financial position of the Kirklees Health and Adult Social Care Economy (tbc) 2. Review of the Work Programme

All meetings have been scheduled to start at 2:00 pm with a pre-meeting at 1:30 pm

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