

# Public Document Pack



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

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Wednesday 23 March 2022

## Notice of Meeting

Dear Member

### Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in **Virtual** at **2.00 pm** on **Thursday 31 March 2022**.

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

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

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

**Julie Muscroft**

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

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

## **The Health and Wellbeing Board members are:-**

### **Member**

Councillor Viv Kendrick (Chair)

Councillor Musarrat Khan

Councillor Carole Pattison

Councillor Mark Thompson

Councillor Kath Pinnock

Mel Meggs

Carol McKenna

Dr Khalid Naeem

Richard Parry

Rachel Spencer-Henshall

Karen Jackson

Beth Hewitt

Stacey Appleyard

Cabinet Member for Learning, Aspiration and Communities

Director for Children's Services

Chief Executive, Locala

# **Agenda**

## **Reports or Explanatory Notes Attached**

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### **Pages**

#### **1: Membership of the Board/Apologies**

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

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#### **2: Minutes of previous meeting**

1 - 8

To approve the minutes of the meeting of the Board held on the 20<sup>th</sup> January 2022.

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#### **3: Interests**

9 - 10

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

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#### **4: Admission of the Public**

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

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#### **5: Deputations/Petitions**

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

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

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**6: Covid update**

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

**Contact:** Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health. Tel: 01484 221000

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**7: Director of Public Health Annual Report 2022**

11 - 12

This paper highlights to the Board the Kirklees Director of Public Health (DPH) Annual Report 2022, entitled 'The First 1000 Days'.

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

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**8: Kirklees Joint Strategic Assessment update, 2022  
Pharmaceutical Needs Assessment update and 2021  
CLiK Survey update**

13 - 18

- a) To seek approval from the Board for a temporary change to the content and structure of the Kirklees Joint Strategic Assessment (KJSA) website,
- b) To update the Board on progress with the 2022 Pharmaceutical Needs Assessment (PNA),
- c) To update the Board on progress with the latest Current Living in Kirklees (CLiK) population survey

**Contact:** Owen Richardson, Intelligence Lead, Public Health, Tel: 01484 221000

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**9: Adult Safeguarding Annual Report**

19 - 60

To present the Kirklees Safeguarding Adults Board Annual Report 2020/21.

**Contact:** Rob McCulloch-Graham, Independent Chair of the Kirklees Safeguarding Adults Board and Mike Houghton-Evans, former Independent Chair of the Kirklees Safeguarding Adults Board

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**10: Transition to West Yorkshire Integrated Care System**

## **and Kirklees Place-based Partnership**

To receive an update.

**Contact:** Carol McKenna, Chief Officer, NHS Kirklees CCG

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### **11: Terms of Reference and membership for 2022/23**

To set out the plan for revising the Terms of Reference and membership of the Board in 2022/23.

**Contact:** Phil Longworth, Service Manager, Integrated Support, Tel: 01484 221000

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Contact Officer: Jenny Bryce-Chan

## KIRKLEES COUNCIL

### HEALTH AND WELLBEING BOARD

**Thursday 20th January 2022**

Present: Councillor Viv Kendrick (Chair)  
Councillor Musarrat Khan  
Councillor Carole Pattison  
Councillor Mark Thompson  
Councillor Kath Pinnock  
Mel Meggs  
Carol McKenna  
Dr Khalid Naeem  
Richard Parry  
Karen Jackson  
Beth Hewitt  
Stacey Appleyard

In attendance: Emily Parry-Harries, Head of Public Health  
Phil Longworth, Senior Manager, Integrated Support  
James Griffiths, District Commander, West Yorkshire Police  
Ryan Hunter, South-West Yorkshire NHS Foundation Trust  
Catherine Riley, Calderdale and Huddersfield Foundation Trust  
Diane McKerracher, Locala  
Rebecca Elliott, Public Health Manager  
Stewart Horn, Head of Joint Commissioning  
Carrie Rae, NHS Wakefield, CCG  
Caterina Westwood, South-West Yorkshire NHS Foundation Trust  
Emmerline Irving, NHS Wakefield, CCG

Apologies: Rachel Spencer-Henshall  
Jacqui Gedman

#### **36 Membership of the Board/Apologies**

Apologies were received from Rachel Spencer-Henshall and Jacqui Gedman.

Emily Parry-Harries attended as sub for Rachel Spencer-Henshall.

**37 Minutes of previous meeting**

That the minutes of the meeting 2 December 2021, be amended to reflect that Dr Khalid Naeem Deputy Chair of the Health and Wellbeing Board chaired the meeting.

**38 Interests**

No interests were declared.

**39 Admission of the Public**

All agenda items were considered in public session.

**40 Deputations/Petitions**

No deputations or petitions were received.

**41 Public Question Time**

No questions were asked.

**42 Covid 19 Update**

Emily Parry-Harries, Head of Public Health provided an update on the current position regarding Covid-19 in Kirklees, highlighting key points from data up to 12<sup>th</sup> January 2022.

In summary, the Board was informed that:

- the data on vaccination uptake by age shows there is a higher uptake in the older population and a lower uptake moving down the age brackets
- work is ongoing to encourage uptake of the vaccine within particular communities, and the vaccination in schools programme continues with the second dose to be delivery on the 10<sup>th</sup> January 2022. It is a successful programme in schools in Kirklees
- there is a robust vaccination programme being delivered in Kirklees with well-established vaccination sites, with well-established roles for the Primary Care Networks, and community pharmacy
- there are a series of pop-ups being delivered in particular communities where there are efforts to improve vaccination uptake
- the Kirklees weekly case numbers have decreased by 40% in the latest week
- Kirklees is ranked 41 (out of 142 upper tier local authorities) with a rate of 1,311 per 100,00 above the England rate of 1,129

The Board was informed that while it is positive that the case number are reducing Covid has not gone away, and the important message is that people should still take care

The Board reiterated that the easing of restrictions does not mean that the virus has disappeared and the messages around hand hygiene, social distancing and mask wearing particularly in crowded spaces are still relevant.

**RESOLVED**

That Emily Parry-Harries be thanked for providing an update on Covid-19 in Kirklees



**43 Health and Care Operational Pressures Updates**

Richard Parry, Strategic Director, for Adults and Health and Carol McKenna, Chief Officer NHS Kirklees CCG provided the Board with an update on Health and Care Operational Pressures.

The Board was informed that there has been much publicity about the pressures within the health and care system with the pressures being a combination of the usual winter pressures exacerbated by long standing workforce issues particularly around recruitment and retention. In response to these challenges the integrated care system made available some NHS funding to bring forward to December 2021 the pay uplifts for social care staff to reflect the national living wage due from April 2022.

In addition, there has been high rates of Covid, which has impacted on the availability of the workforce in terms of both residential and home care settings. It is a combination of increased demand and a reduced workforce both short and long term.

There has been joint working across the system, between Kirklees, Calderdale and Wakefield Councils as well as colleagues from Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals which should help manage some of the system flow pressures. Kirklees Council has led on the commissioning of step-down beds on behalf of the three local authorities that can be used flexibly across all three local authorities.

The Board was informed that staffing pressures are also being experienced by other providers and NHS services remain busy. The challenges being faced are the usual winter pressures seen at this time of year overlaid with the effects of Covid, and staff sickness have been a key factor in the pressures being faced.

Mutual aid has been offered within the system and staff have been put in wherever possible to support staff testing for example. Both the acute trusts have largely been able to maintain their planned activities and there has not been the blanket cancellation of activities that has been seen in other areas of the country. It is important to acknowledge how well the system is working together.

The Board was informed that in respect of:

**Community Services** work is continually being undertaken, assessing the waiting lists and the growth in the waiting lists to ensure that there are no people on the list who are decompensating and therefore at greater clinical risk. This has been vital to how the workforce has been reallocated.

**Primary Care Services** there are a significant number of practices experiencing positive Covid cases which has resulted in staff absences and self-isolation. There are also people off with stress, exhaustion and are demoralised and this is having an impact on the functioning of primary care. There needs to be a consistent message that all the healthcare system is under pressure and that people should be patient and if the matter is not urgent to wait to give the system a chance to recover.

**South-West Yorkshire NHS Foundation Trust** the same staff challenges are being experienced. Recently, approximately 10% of the workforce was off work with Covid, which has now reduced to over 4%. While it is improving there are still challenges particularly across inpatient wards where there have been Covid breakouts. There are staff who have been working through it and have burnout, it has been difficult but improving.

## **RESOLVED**

That Carol McKenna, Richard Parry and colleagues from across the health and care system be thanked for taking the Board through health and care operational pressures

### **44 Trauma Informed Practice in Kirklees**

Rebecca Elliott, Public Health Manager and Stewart Horn, Head of Joint Commissioning attended the meeting to provide update on Trauma Informed Practice in Kirklees. Also, in attendance to input into the update, were Catherine Westwood, South-West Yorkshire NHS Foundation Trust and Carrie Rae and Emm Irving from West Yorkshire Health and Care Partnership.

In summary, the Board was informed that the information being presented aims to outline adversity, trauma, and resilience and what this means and to outline some of the work that is being undertaken across the region and the commitment that has been made to develop trauma informed working. Local leaders have signed up to a pledge and are committed to become more trauma informed and to work towards a trauma informed system by 2030. This is not a new concept and there are pockets of good work being undertaken across Kirklees. Last year a mapping exercise was carried out to capture and understand where things are currently.

The Board was informed that the definition of trauma in this context is “trauma represents the broad range of traumatic, abusive or neglectful experiences that people can experience or be subjected to during their lives” (NHS Education for Scotland 2014).

The ambition to be achieved is “to become an all-age, trauma informed organisation by 2030. Our ambition is to develop appropriate and proportionate service changes, both practically and culturally. We want to apply trauma informed practice into all aspects of our work to further prevent harm for our residents and staff.”

The Board was given information which highlighted the following:

- As the number of adverse childhood experiences increases, so does the risk of negative health outcomes
- Approximately half of all adults living in England have experienced at least one form of adversity in their childhood

## Health and Wellbeing Board - 20 January 2022

- The impact of trauma is multifaceted in terms of the impact it has on children, not just physically, but socially and mentally and it has long-lasting impact throughout a person's life course
- Connections are being made between people who have experienced trauma and the determinants of health and poor outcomes and the impact this has on their physical and mental health

The Board was informed that West Yorkshire Health and Care Partnership has signed up to becoming a Trauma Informed Responsive System by 2030. The whole system including health, social care, housing, third sector and community initiatives have come together to bring help and hope to people who are at risk of or, who have experience trauma. The Kirklees Director for Public Health has also signed the pledge to become a trauma informed organisation by 2030. Trauma informed practice is a strength-based approach which seeks to understand and respond to the impact on people's lives.

The Board was informed that in terms of governance structure it is a whole system approach. The Programme is led by the senior managers from the West Yorkshire Health and Care Partnership (WYHCP) Improving Population Health Programme, Children Young People and Family's Programmes and the West Yorkshire Violence Reduction Unit (WYVRU). The Chief Executive of Bradford Council is the system executive lead and chairs the West Yorkshire Adversity, Trauma and Resilience (WYATR) Strategy Board. Overall responsibility for the success, monitoring, progress, performance against system agreed performance indicators and evaluation of the Programme, sits with the WYHCP and WYVRU as the lead organisations.

WYATR Strategy Board's formal decision-making group, will manage any third-party providers, monitor, and mitigate slippage identified in the timeline and milestones, and report and escalate risk through the governance structures. The Strategy Board will delegate responsibilities and delivery to the WYATR Network and day to day decision making via the Senior Programme Managers.

The Board was informed that the next steps include:

- Securing additional resources to coordinate the work
- Develop a Kirklees adversity, trauma, and resilience action plan that compliments West Yorkshire ATR strategy
- Develop a steering group that can develop a Kirklees approach to tackling this ambition
- A proposed training development session for senior leaders to further understand the approach

### **RESOLVED**

That the officers be thanked for providing an update on Trauma Informed Practice in Kirklees.

**45 Responding to strategic and current tactical workforce issues in Kirklees**

Karen Jackson, Chief Executive, Locala provided an update on responding to strategic and current tactical workforce issues in Kirklees. The Board was informed that some of the current challenges include:

- National shortage – for some specialisms there are issues of national shortage of skilled workers, and this presents pressure in the system, in addition to the pressure caused by people being off with Covid and stress
- Differential pay rates across sectors
- Wellbeing of colleagues
- Impact on capacity
- Destabilisation of system provision
- Impact on quality
- Movement of staff within system with no overall growth of capacity

The Board was informed that there has been a great deal of positive work undertaken much of which has been led by the Integrated Workforce Group. This work has been matched with the wellbeing plan across the whole of the West Yorkshire ICS. There has been a programme promoting the sector in schools. There are health and wellbeing initiatives on-going to maintain the wellbeing of staff and volunteers, while supporting flexibility and caring responsibility to enable people to remain in employment and feel supported.

Partners from across the whole of the sector including the third sector had a time out session and develop some proposals including the following:

- Workforce to represent the community of Kirklees
- System agreement – Memorandum of Understanding to be developed outlining Kirklees identity, recognition of continuity of service, 'employ to deploy' models, recruitment for system benefit etc, rotational roles.
- Social care – different tiers of workforce to deliver differential complexity of demand (e.g. PEG feeds etc) providing the opportunity for professional development and career progression
- Myth busting between partners – broaden understanding and develop trust and respect on all sides

The working group's proposals will be presented in more detail to the Kirklees Integrated Health and Care Leadership Board on the 3<sup>rd</sup> February 2022, and will include how this is going to be resourced and how is it going to be taken forward and held together in coordinated way.

The Board was asked to recognise the extraordinary effort all health and care colleagues as they continue to care for the communities; to welcome the approach of developing a system wide response to strategic and tactical workforce issues in Kirklees and to agree to receive an update on progress at a future meeting.

**RESOLVED**

That Karen Jackson, be thanked for providing an update on current tactical workforce issues in Kirklees.

**46 Kirklees Place Based Partnership & West Yorkshire Integrated Care System**

Carol McKenna, Chief Officer NHS Kirklees CCG provided an update on Kirklees Place Based Partnership and West Yorkshire Integrated Care System.

In summary, the Board was advised that there has been a delay in the implementation of the new arrangements. The original target date for the move to the statutory Integrated Care System was the 1<sup>st</sup> April 2022, however the new target date will be the 1<sup>st</sup> July 2022. In terms of the implications for West Yorkshire, the general view is that there will be no change in the direction of travel and things have already been put in place to transition into the new arrangement.

There are some technical implications of this and colleagues who work in the areas of finance and governance are the ones most likely to affect by this. For example, finance colleagues having to do two-year end process within the space of three months. The CCGs statutory responsibility will continue until 30<sup>th</sup> June 2022, and the intention is to operate the new arrangement in shadow form from April 2022.

Transition stage

January – March	Continue the development
April – June	Shadow form
July	Go live

The Board was informed that there have been discussions regarding the name of the partnership in Kirklees and creating an identity that can be used in branding and communications. Through the design group that brings together a number of partners, engagement was conducted in November and 60 responses were received. A clear preference emerged that it should be called the Kirklees Health & Care Partnership. The Kirklees Integrated Health and Care Leadership Board approved that recommendation.

Collaboration agreement in Kirklees

- Each place within the ICS is developing a collaboration agreement which all partners will be invited to sign up to. The agreement sets out how partners will work together to deliver the shared vision and how business will be conducted and sets out support for the collaborative principles.
- Effective from 1<sup>st</sup> July (seeking partner agreement April-June)
- Entering the agreement does not overrule statutory duties or existing governance arrangements of partners
- Work programme is the Kirklees Health and Wellbeing Plan
- Not legally binding but partners will sign in good faith
- Expectation that it will evolve during 2022/23 and beyond

The Board was informed that some leadership appointments have been made and recently announced. Each of the five places will have a nominated place lead and the official title for the post holder will be the Accountable Officer, and the

appointment to those roles have been made. The other appointment has been to one of the Directors of the ICB Board.

The Place Based Independent Chair and independent members of the ICB Committee in Kirklees are currently out for recruitment. The recruitment process is also underway for the four executive members of the ICB in Kirklees.

**RESOLVED**

That Carol McKenna be thanked for providing an update on Kirklees Place Based Partnership and West Yorkshire Integrated Care System.

<b>KIRKLEES COUNCIL</b>				
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>				
<b>DECLARATION OF INTERESTS</b>				
<b>HEALTH AND WELL BEING BOARD</b>				
<b>Name of Councillor</b>				
<b>Item in which you have an interest</b>	<b>Type of interest (eg a disclosable pecuniary interest or an “Other Interest”)</b>	<b>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]</b>	<b>Brief description of your interest</b>	

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.



<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>31/03/22</b>
<b>TITLE OF PAPER:</b>	<b>Director of Public Health Annual Report 2022</b>
<b>1. Purpose of paper</b>	<p>This paper highlights to the Board the Kirklees Director of Public Health (DPH) Annual Report 2022, entitled 'The First 1000 Days'.</p> <p>Directors of Public Health have a statutory requirement to write an annual report on the health of their population. The focus of the report is chosen by the DPH and its aim is to inform local people about the health of their community as well as inform decision-makers on health gaps and priorities that need to be addressed.</p> <p>The paper outlines the purpose and content of the 2022 DPH report which the Board can use to support intelligence-led commissioning to reduce inequalities and improve outcomes in this critical early life stage.</p>
<b>2. Background</b>	<p>The topic of this year's DPH report aligns with the Kirklees shared outcome that children have the best start in life. The focus is on the importance of promoting, enabling, and modelling healthy behaviours and positive relationships throughout the first 1000 days (broadly, from conception to age 2). Support for children, parents and families during this critical period improves the health, development, and life chances of future generations. The report gathers narrative from Kirklees families and the professionals responsible for providing their care and support, examining local data and insights alongside post-COVID-19 strategies for tackling health and social disparities in the early years.</p> <p>The report presents the perspective of the parent, the child, and the professional across five developmental stages: Preconception; Pregnancy; Labour and birth; Infancy; Toddlerhood. For each development stage, key influencing factors are highlighted, and the local data picture is shown alongside national comparators.</p> <p>The 2022 DPH report is provided as both an interactive online presentation and in PDF format suitable for assistive technologies. Readers have the option to navigate through all development stages from the perspective of the parent, the child, or the health professional, or to view all perspectives within any individual developmental stage. Infographic elements can be provided on request for others to utilise in their own reports.</p>
<b>3. Proposal</b>	<p>The Board is asked to endorse the findings and recommendations in the DPH Annual Report to support partnership working for reducing inequalities and improving early years outcomes across Kirklees.</p>
<b>4. Financial Implications</b>	<p>None</p>
<b>5. Sign off</b>	<p>Emily Parry-Harries on behalf of Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health</p>
<b>6. Next Steps</b>	

## FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

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

### **7. Recommendations**

It is intended that Board members will make use of the DPH report to inform decision-making and commissioning to help reduce health-related inequalities and improve early years outcomes. Static and interactive versions of the report will be made available, to enable the report to be shared as widely as possible.

### **8. Contact Officer**

Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health, [rachel.spencer-henshall@kirklees.gov.uk](mailto:rachel.spencer-henshall@kirklees.gov.uk)

Owen Richardson, Intelligence Lead for Public Health  
[Owen.richardson@kirklees.gov.uk](mailto:Owen.richardson@kirklees.gov.uk); 01484 221000

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	31/03/22
TITLE OF PAPER:	Kirklees Joint Strategic Assessment update
1.	<p><b>Purpose of paper</b></p> <p>To seek approval from the Board for a temporary change to the content and structure of the Kirklees Joint Strategic Assessment (KJSA) website. This change will provide up-to-date data by embedding a profile created by the Office for Health Improvement and Disparities (OHID). Most of the older site content will be archived, but still accessible via the website if needed.</p>
2.	<p><b>Background</b></p> <p>The Health and Social Care Act (2012) requires the Health and Wellbeing Board, working through local authorities and Clinical Commissioning Groups/Integrated Care Systems, to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. In February 2015 the Board endorsed a new approach to JSNA development - an ongoing process focussed on both needs and assets which outlines medium and longer-term challenges for the district. Subsequent papers have updated the Board on the progress of the KJSA, including the development and continuous improvement of the <a href="#">KJSA website</a>.</p> <p>It was agreed by the Board in May 2016 that the Kirklees Overview would be updated annually and published online following approval from the Board. The Overview provides a useful context for the more detailed sections of the KJSA by summarising the big issues and key challenges for health and wellbeing using infographics and simple messages.</p> <p>During the COVID-19 pandemic, the requirement to respond quickly to the data and analytical needs of Kirklees Council, Outbreak Control Board and partner organisations necessitated the de-prioritisation of KJSA-related work. As a result, the intended timescales for refreshing KJSA content have not been achieved and many sections of the KJSA are now out of date.</p> <p>A new steering group has recently been convened to plan and oversee a relaunch of the KJSA to meet the longer-term demands on this product. However, there is also an immediate short-term need to provide updated information to the KJSA audience. This would be particularly beneficial to support the process of reviewing priorities for the Joint Health and Wellbeing Strategy.</p>
3.	<p><b>Proposal</b></p> <p>The short-term proposal is to archive the current content of the KJSA site, ensuring it is still available via the website if needed but no longer forms the primary content. Instead, the home page of the website will include an embedded version of the OHID regional profile called 'A Picture of Health' (available <a href="#">here</a>). This profile is designed to reflect the key themes of a JSNA and includes the following sections: Health inequalities; Population; Mortality and burden of disease; Wider determinants of health; Inclusion health groups; Best start in life; Health behaviours and disease prevention (adults); Cancer and CVD; Mental health and wellbeing; Vaccination programmes; Sexual health; Healthy ageing; Local Authority variation summary.</p> <p>Data in the profile is presented at Local Authority level where available (or for the region where LA data is not available), with comparisons across all LAs in the region provided in the final section. The profile is visually appealing and relatively easy to navigate; it includes the most recently available data at the point it was refreshed (November 2021).</p> <p>In addition, it is suggested a small number of existing sections of the KJSA will be retained, including:</p>

## FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

- KJSA Blog (to be used as the main communication method for providing KJSA development updates)
- Overview (retain the 2020/21 Overview section as a summary of inequalities across the life course)
- Children with SEND (this section was updated in October 2021)
- Resources (a list of useful links to external resources, including the Kirklees Observatory)

The newly formed KJSA steering group has approved the above suggestion and will begin immediately to scope out the longer-term requirements for a relaunched full KJSA. This will enable the group to make extensive use of the 2021 Current Living in Kirklees (CLiK) survey findings. It is likely this process will involve reducing the overall content of the existing KJSA to ensure it can be readily maintained. The steering group will engage with appropriate stakeholders to formulate delivery of this product.

### **4. Financial Implications**

None

### **5. Sign off**

Emily Parry-Harries on behalf of Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health

### **6. Next Steps**

Upon approval from the Board, the KJSA site content will be amended as described in section 3 above.

### **7. Recommendations**

To endorse and support the proposal to replace the KJSA site content as described.

### **8. Contact Officer**

Owen Richardson, Intelligence Lead for Public Health  
[Owen.richardson@kirklees.gov.uk](mailto:Owen.richardson@kirklees.gov.uk); 01484 221000

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>31/03/22</b>
<b>TITLE OF PAPER: 2022 Pharmaceutical Needs Assessment update</b>	
<b>1. Purpose of paper</b>	To update the Board on progress with the 2022 Pharmaceutical Needs Assessment (PNA).
<b>2. Background</b>	<p>The NHS Act 2006 (the “2006 Act”), amended by the Health and Social Care Act 2012, sets out the requirements for Health and Wellbeing Boards to develop and update Pharmaceutical Needs Assessments (PNAs). The deadline for publication of the next PNA is 1 October 2022.</p> <p>In December 2021 the Board was informed of the process the West Yorkshire Directors of Public Health intended to adopt to create and publish new PNAs for each Local Authority in the region by the required deadline. The Public Health Intelligence Leads from the five West Yorkshire Local Authorities are now working collectively on the production of these PNAs. Each Health and Wellbeing Board will still oversee and sign off an individual PNA for their area, but the overall process is being managed by a single regional steering group.</p>
<b>3. Proposal</b>	<p>It is proposed that the draft PNA will go out for public consultation in April, following sign-off from the Board. The stipulated consultation period is 60 days, and the document will then be amended as required before the final version comes back to the Board for sign-off and publication on Kirklees Council’s website. If, following consultation, significant changes to the document are needed, a second period of public consultation will be required before final sign-off and publication.</p>
<b>4. Financial Implications</b>	None
<b>5. Sign off</b>	Emily Parry-Harries on behalf of Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health
<b>6. Next Steps</b>	The draft PNA document will be circulated to the Board by early April 2022, prior to the public consultation phase.
<b>7. Recommendations</b>	For information only.
<b>8. Contact Officer</b>	<p>Owen Richardson, Intelligence Lead for Public Health</p> <p><a href="mailto:Owen.richardson@kirklees.gov.uk">Owen.richardson@kirklees.gov.uk</a>; 01484 221000</p>

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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>31/03/22</b>
<b>TITLE OF PAPER: 2021 CLiK Survey update</b>	
<b>1. Purpose of paper</b>	<p>To update the Board on progress with the latest Current Living in Kirklees (CLiK) population survey. The survey was carried out in Nov-Dec 2021 and a summary of findings is now available.</p>
<b>2. Background</b>	<p>The CLiK survey is used to gather local intelligence around health, wellbeing, and quality of life, and is fundamental to the production of the Kirklees Joint Strategic Assessment (KJSA). Intelligence gathered informs the Joint Health &amp; Wellbeing Strategy (JHWS), other Kirklees Partnership strategies and underpins the commissioning, planning and delivery of services. As well as providing a snapshot of the current situation, responses to some questions can be compared with those from previous surveys (the CLiK survey has previously been carried in 2001, 2005, 2008, 2012 and 2016) to enable monitoring of trends.</p> <p>Questions for the 2021 CLiK survey were developed with the CLiK Project Board, consisting of representatives from Kirklees Council and partner organisations including the local NHS Trusts, CCG, Locala, primary and secondary schools, Kirklees College, University of Huddersfield, Third Sector Leaders, West Yorkshire Police, and the Chamber of Commerce.</p> <p>MEL Research was commissioned to design and deliver the survey and provide a cleaned dataset of responses and a high-level summary of findings. In November 2021, the survey was sent to 43,000 randomly selected households in Kirklees and was also made available to all residents of Kirklees age 16+ via an open web link. The survey closed on 17 December 2021, with approximately 6,000 responses received in total.</p>
<b>3. Proposal</b>	<p>A high-level summary of findings will be available here: <a href="http://www.kirklees.gov.uk/CLiK2021">www.kirklees.gov.uk/CLiK2021</a></p> <p>A copy of the original survey can also be found at the above link, along with a technical report explaining the methodology used, and a marked-up questionnaire providing a breakdown of responses for each question. Additional products, including crosstabulations showing question responses by demographic group, will be added to the above link as they become available. A workshop is also currently being planned to bring together interested parties for discussion and further investigation of the CLiK dataset, to ensure this important source of local insight is utilised to its full value. Ad hoc analysis of the dataset can also be carried out as required.</p> <p>It is proposed that Board members review the high-level summary, share relevant findings with others in their organisation, and commit to making use of survey findings where appropriate in their own areas of work.</p>
<b>4. Financial Implications</b>	<p>None</p>
<b>5. Sign off</b>	<p>Emily Parry-Harries on behalf of Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health</p>
<b>6. Next Steps</b>	

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

<p>Further outputs from the 2021 CLiK survey will be disseminated via the above web link and details of the CLiK workshop will be provided when available.</p>
<p><b>7. Recommendations</b></p> <p>It is recommended the Board supports the 2021 CLiK survey by utilising and promoting the summary reports and survey findings, and by attending (or sending a representative to) the CLiK workshop.</p>
<p><b>8. Contact Officer</b></p> <p>Owen Richardson, Intelligence Lead for Public Health <a href="mailto:Owen.richardson@kirklees.gov.uk">Owen.richardson@kirklees.gov.uk</a>; 01484 221000</p>



<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>31<sup>st</sup> March 2022</b>
<b>TITLE OF PAPER:</b>	<b>Kirklees Safeguarding Adults Board Annual Report 2020 - 2021</b>
<p><b>1. Purpose of paper</b></p> <p>1.1 To present the Kirklees Safeguarding Adults Board Annual Report 2020/21 to help shape the understanding and partnership response to key strategic issues, and to ensure that the board can help drive an issue across the partnership to establish and maintain delivery.</p> <p>1.2 It is of strategic importance to all to further develop a shared understanding of the board's responsibilities and priorities and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.</p>	
<p><b>2. Background</b></p> <p>2.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership which brings together the main organisations working with adults at risk of abuse or neglect. Hence, its membership includes: the Council, West Yorkshire Police, NHS organisations and West Yorkshire Fire and Rescue Service. Its core purpose is to help and protect adults at risk in its area.</p> <p>2.2 In 2015 the board appointed its first Independent Chair and, in accordance with Care Act guidance, the Independent Chair of the KSAB reports quarterly to the Council's Chief Executive on the work of the board. 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.</p> <p>2.3 The Peer challenge the Board commissioned in 2018/19 asked the Board to consider elected member representation as "elected members can bring an important dimension to promote the work of safeguarding voice and act as a conduit to communication with local communities". The Board was in agreement and, approached Cllr Musarrat Khan to sit on the Board. She sits on the Board as a key member of the Health and Wellbeing Board. Cllr Khan continues to be a regular attendee and active member of the Board.</p> <p>2.4 Individual Board members take responsibility for reporting through their own organisations, including the submission of annual progress reports to their executive management body/board. This is to ensure that Adult Safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.</p> <p>2.5 Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the Board's performance framework and the Board's annual challenge event. The Board seeks assurance for their approach to safeguarding adults through the board meetings, delivery group, subgroups and challenge events.</p> <p>2.6 The principal purpose of the Board's annual report is to identify progress made over the past 12 months against the intentions laid out in the Board's Strategic Plan (which is a rolling 3-year plan updated annually alongside the Board's annual report), which lays out the Board's work programme for the next 12 months.</p>	
<p><b>3. Proposal</b></p> <p>3.1 The document is being presented to the Health and Wellbeing Board as it is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.</p> <p>3.2 As part of this role the Health and Wellbeing Board receives the KSAB Annual which helps to further develop a shared understanding of the Board's responsibilities and priorities</p>	

and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.	
<b>4. Financial Implications</b>	None
<b>5. Sign off</b>	Richard Parry, Strategic Director for Adults and Health, Kirklees Council
<b>6. Next Steps</b>	<p>6.1 The report was presented to the Health and Adult Social Care Scrutiny Panel on 10th March 2022. The Panel, which is made up of democratically elected members and members of the public who volunteer to sit with Councillors on the Panel, has the powers to:</p> <ul style="list-style-type: none"> <li>• Hold decision makers to account</li> <li>• Challenge and improve performance</li> <li>• Support improvement that achieves better outcomes and value for money</li> <li>• Influence decision makers with evidence-based recommendations</li> <li>• Bring in the views and evidence of stakeholders, users and citizens</li> </ul> <p>6.2 Panel members have a unique role to act across the whole health and social care economy. They are responsible for holding decision makers (i.e. the Health and Wellbeing Board, the Council, Clinical Commissioning Groups, NHS England and providers), to account.</p>
<b>7. Recommendations</b>	To receive the Kirklees Safeguarding Adults Board Annual Report 2020/21.
<b>8. Contact Officer</b>	Robert McCulloch-Graham, Independent Chair, Kirklees Safeguarding Adults Board.

Kirklees  
**Safeguarding Adults**  
Board



**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.

A handwritten signature in black ink, appearing to read 'M. Houghton-Evans', written over a thin horizontal yellow line.

Mike Houghton-Evans  
Retiring Independent Chair



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.

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 booked<sup>1</sup>, 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**

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<sup>1</sup> 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 Analysis<sup>2</sup> as the backdrop. The event was very well attended and positively received.

The SAR subgroup compared the National SAR Analysis findings<sup>3</sup> 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 media 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 need to be reflected in the Hoarding protocol. Currently the Hoarding

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<sup>2</sup> 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.

<sup>3</sup> 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

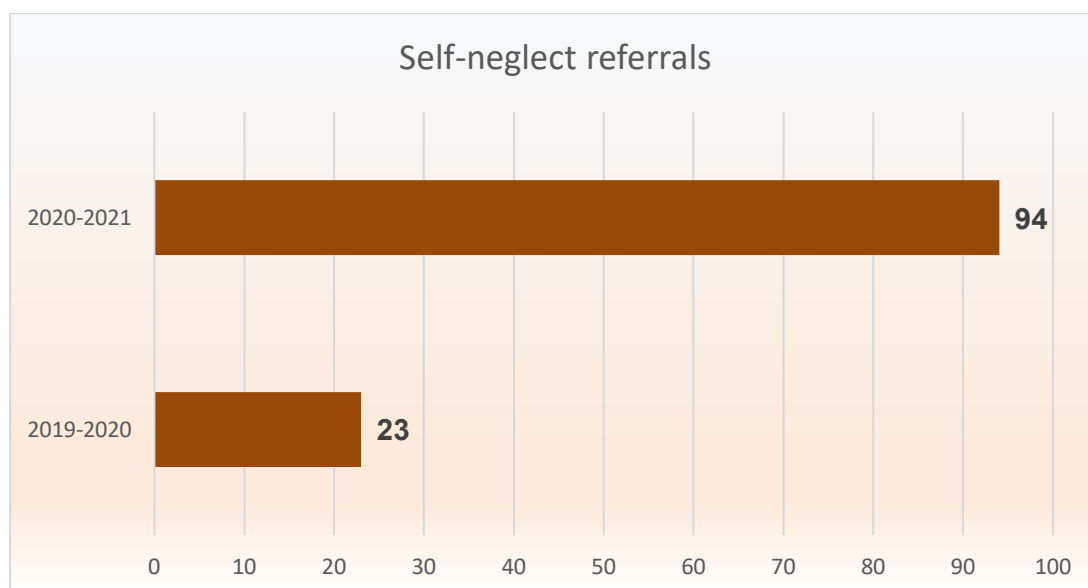
#### **1. Multi-agency Self-neglect Policy rewrite**

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'." <sup>4</sup>

- 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.

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

## Agency Achievements

Kirklees Adults Social Care



### 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 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 SystmOne. 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.

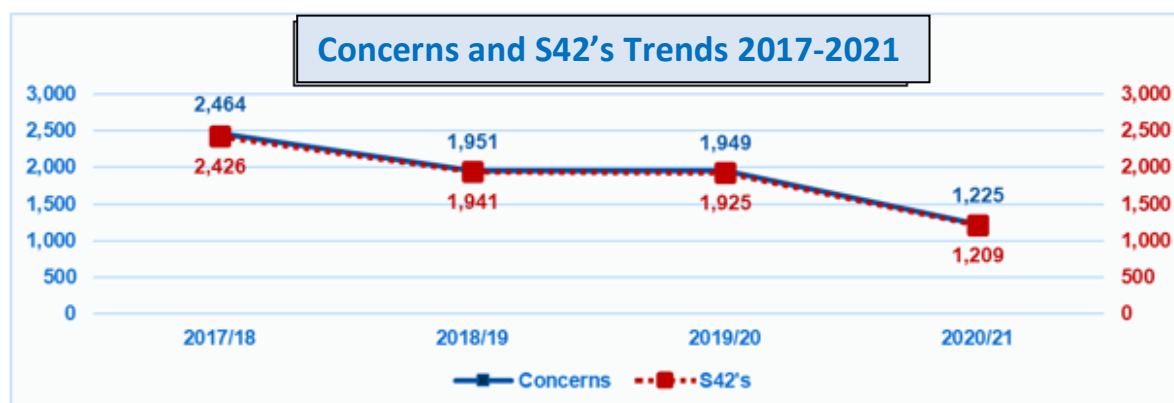
The Board's Strategic Plan sets out how we intend to deliver our services over the coming years and continues to be reviewed yearly to respond to local needs, addressing the evolving landscape.

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



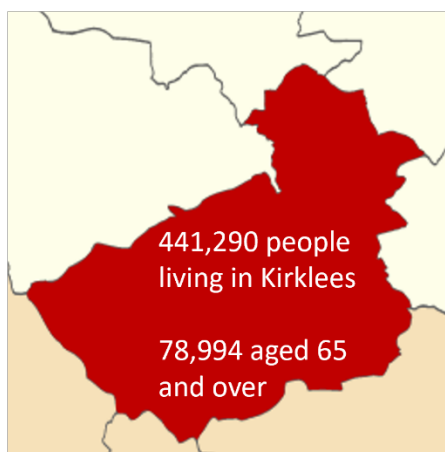
A concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council.

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

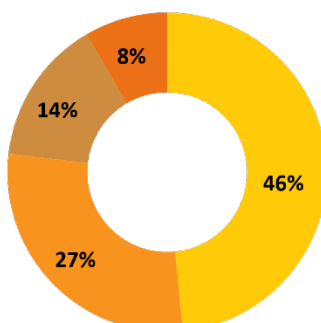
### Location of where risk was identified

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

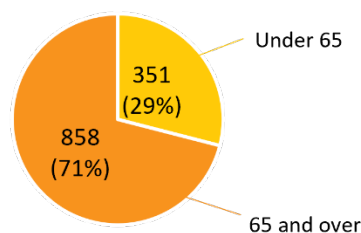


### Types of abuse

- 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)

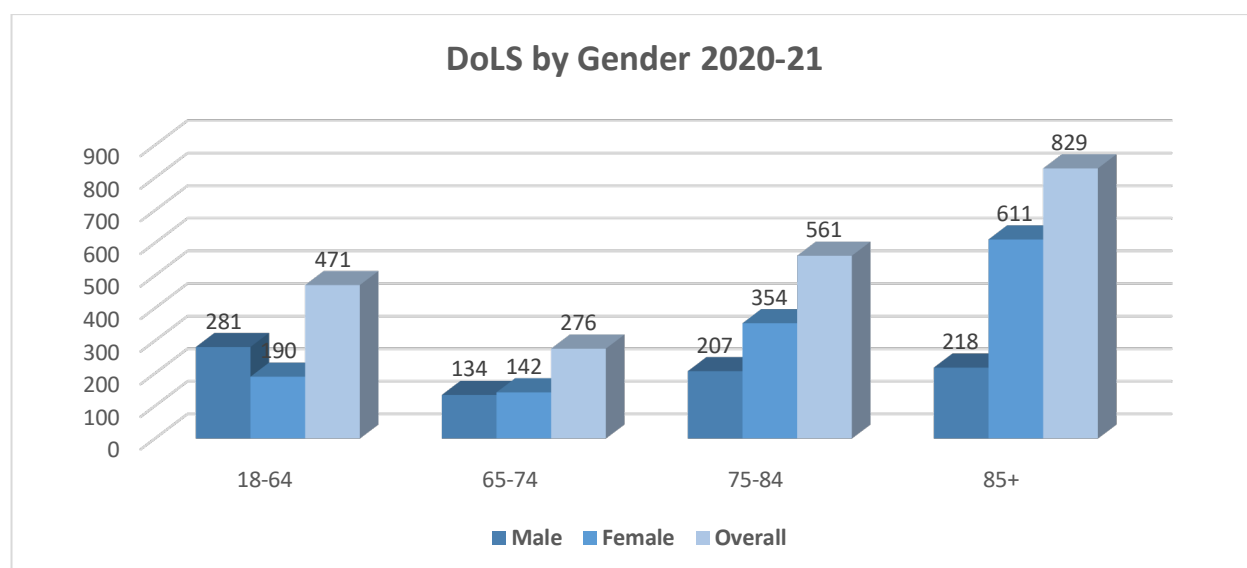
## Deprivation of Liberty (Dols)<sup>5</sup> 2020-21

### 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
	<b>840</b>	<b>1297</b>	<b>2137</b>

<sup>5</sup> 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](mailto: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](mailto: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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