

# Public Document Pack



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

**Julie Muscroft**

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Tuesday 20 February 2024

## Notice of Meeting

Dear Member

### Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **2.00 pm** on **Wednesday 28 February 2024**.

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

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

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

**Julie Muscroft**

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

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

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

### **Member**

Councillor Bill Armer (Chair)

Councillor Beverley Addy

Councillor Itrat Ali

Councillor Alison Munro

Councillor Habiban Zaman

Helen Clay (Co-Optee)

Kim Taylor (Co-Optee)

# Agenda

## Reports or Explanatory Notes Attached

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### Pages

**1: Membership of the Panel**

To receive apologies for absence from those Members who are unable to attend the meeting.

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**2: Minutes of previous meeting**

1 - 4

To approve the Minutes of the meeting of the Panel held on the 24<sup>th</sup> January 2024.

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**3: Declaration of Interests**

5 - 6

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

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**4: Admission of the public**

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Panel.

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**5: Deputations/Petitions**

The Panel will receive any petitions and/or 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 submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the

Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

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## **6: Public Question Time**

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

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## **7: Care Quality Commission**

7 - 30

Representatives from Care Quality Commission will be in attendance to update the Panel on the state of care across the district and changes to the single assessment framework.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer Tel:01484 221000

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## **8: Future of council run dementia care homes**

31 - 54

The Panel will receive an update on the future of council run dementia care homes.

Contact: Saf Bhuta, Head of In-House Care Provision.

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## **9: Preparation for Care Quality Commission Inspections**

55 - 84

Representatives from Kirklees Adults Social Care will be in attendance to outline the work that is being done to prepare for Care Quality Commission Inspections.

Contact: Cath Simms – Service Director for Adult Social Care Operations Tel: 01484 221000  
Alexia Gray – Head of Quality, Standards and Safeguarding Partnerships Tel: 01484 221000

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**10: Kirklees Safeguarding Adults Board 2022/2023**

85 - 124

The Panel will receive the Kirklees Safeguarding Adults Board Annual Report 2022/2023.

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

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**11: Work Programme 2023/24**

125 -  
134

The Panel will review its work programme for 2023/24 and consider its forward agenda plan.

Contact: Nicola Sylvester, Principal Governance and Democratic Engagement Officer Tel: 01484 221000.

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Contact Officer: Nicola Sylvester

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday 24th January 2024**

Present: Councillor Bill Armer (Chair)  
Councillor Beverley Addy  
Councillor Jo Lawson  
Councillor Alison Munro  
Councillor Habiban Zaman

Co-optees Helen Clay  
Kim Taylor

In attendance: Karen Huntley, Healthwatch Kirklees  
Hayden Ridsdale, Integrated Care Board  
Katherine Wormstone, Integrated Care Board  
Mark Smith, Mid Yorkshire NHS Trust  
Rachel Foster, Locala  
Sandra Oats, Locala

Observers: Councillor Elizabeth Smaje  
Councillor Jackie Ramsay

Apologies: Councillor Itrat Ali

- 1 Membership of the Panel**  
Apologies for absence were received on behalf of Councillor Itrat Ali.
- 2 Declaration of Interests**  
No interests were declared.
- 3 Admission of the public**  
All items were considered in public session.
- 4 Deputations/Petitions**  
No deputations or petitions were received.
- 5 Public Question Time**  
No questions were received.

**6 Dentistry and Oral Health**

The Panel welcomed Karen Huntley from Healthwatch Kirklees who provided feedback from the community on dentistry as follows:

- Issues in accessing routine or preventative dentistry,
- Information on how to access urgent dental care,
- Mental health issues around no access to dentistry,
- Removal from NHS dental list due to missed appointments or not visiting a dentist for some time,
- NHS choices website not updated,
- Confusion around eligibility to free dental care.

Questions and comments were invited from Members of the Panel and the following was raised:

- In relation to removal from NHS waiting lists, the Panel was advised that removal was due to not attending a dentist through Covid or missing appointments for good reason,
- Regarding the NHS places lost, there was a very long waiting list, sometimes for years, Healthwatch were rarely able to access places,
- The number of people that were aware of Healthwatch, and who had contacted them due to issues around dentistry was approximately 16 per quarter.

The Panel welcomed Hayden Ridsdale, West Yorkshire Integrated Care Board (ICB), to the meeting to provide information regarding dentistry across Kirklees.

The Panel was advised that the ICB became the responsible commissioner on 1<sup>st</sup> April 2023, and on 16<sup>th</sup> May outlined the ambition of the ICB. Since May the team had been working on rapidly delivering the investment plan, growing the team, and supporting the profession to stabilise the transformation. It was noted that the feedback from Healthwatch was very receptive and they welcomed conversations and engagement with Healthwatch and the Panel.

The Panel was informed that national action was required to reverse significant challenges, namely contract reform, workforce planning and finances for dental. It was noted that the ICB's ambition was about immediate, medium-, and long-term plans, in the immediate term £6.5 million investment plan for dentistry had been spent, which included employing to 3 roles to the West Yorkshire team, that added capacity to undertake the work that was required, such as attending panel meetings or engaging directly with patients. In the medium term it was about how flexible commissioning worked well and workforce planning and over the long term it was how service models were transformed with substantive public health interventions.

Mr Ridsdale presented information on NHS Dentistry in Kirklees which included (i) the current context (ii) Urgent dental care (iii) Paediatric Dentistry and (iv) Access and oral health data. Updated figures on access to dentistry was provided. For adults in the last 24 months and children in the last 12 months, up to 30<sup>th</sup> June 2023, 55% of adults had accessed an NHS dentist in Kirklees, which compared favourably with Yorkshire and Humber and England average. Children in the last 12 months, 63% of children had accessed an NHS dentist which also compared



## Health and Adult Social Care Scrutiny Panel - 24 January 2024

favourable to Yorkshire and Humber and England average. It was noted that 31.2% of children up to the age of 5 had a visibly experience of dental decay.

Mark Smith, Deputy of Operations, Mid Yorkshire NHS Trust provided an overview of the service and advised that the trust provided secondary care oral and maxillofacial service across Wakefield and Kirklees, and support colleagues in Locala with access to theatre. Dental treatment was not something that the trust was involved with as they dealt predominantly in secondary care dental service.

Questions and Comments were invited from Members of the Panel and the following was raised:

- In relation to a question on inequalities between Huddersfield and Dewsbury, it was noted that health inequalities had not expired. Locala had continued to take people across the population who were serviced through CHFT. Further information on inequalities to include detailed data on practices on a ward basis was requested,
- In relation to the £6.5 million spent and the issues with the lack of dental nursing staff required for theatres of paediatrics, it was noted that colleagues with expertise on work planning, identifying priority staff groups and working with the University of Huddersfield in designing courses would improve those issues. Locala advised that dental nurses were not an issue within Locala,
- Further to a question on the length of time paediatrics were on a list for surgery, it was noted that there were waits of over a year in some areas, part of that was historical due to the inability to deliver dental extracts over the Covid 19 period, along with not having theatre space to catch up.
- Regarding data on children attending accident and emergency, the Panel was advised that although there was not a split in data from adults to children, data did show that one and half years prior to Sept 2023 there were 2000 people who attended Calderdale, and 4000 that addended Mid Yorkshire. The panel requested data of people attending accident and emergency who were registered with an NHS dentist.
- The Panel heard that at a Scrutiny Panel, approximately one year prior that the problem of paediatric extractions was due to a lack of availability of theatre space, it was noted Mid Yorkshire were working hard to improve theatre space,
- In relation to a question regarding the lack of NHS appointments, the ICB advised that NHS appointments was a particular challenge nationally, but was one of their priorities to look at.
- Further to a question on the trial of upskilling practitioners, and when the pilot would start, it was noted that a 12-month pilot programme had started in January 2024 with check ins to look at how that was going.
- The Panel heard that in terms of a patients journey for urgent treatment, the commissioning of the urgent care system had been extended for the duration of 2024. Across West Yorkshire there was approx. 1000 appointments less than required. The system had an inbuilt triage where patients should be offered an appointment as soon as possible.
- In relation to a comment from Healthwatch Kirklees regarding communication from the ICB to the public on services available to them, it was agreed that where services were available, communication would be circulated to the public, Healthwatch, Ward Councillors, and Chairs of Scrutiny Panels.

## Health and Adult Social Care Scrutiny Panel - 24 January 2024

- In relation to dentistry in under 5 year olds, It was noted that one third of patients had dental decay under the age of 5, the ICB agreed that further work was required in this area.
- The Panel heard that West Yorkshire Joint Health Scrutiny Panel (WYJHOSC) had considered dentistry in more detail. Recommendations from the WYJHOSC Panel were that the Committee was to receive information from the ICB on timeframes for ongoing plans, hot spot data, progress being made on increasing communication, workforce plans and for 6 weekly updates on progress vision of the plans be circulated. It was noted that the Chair and Deputy Chair had written to the government on the national dental contract.
- In relation to a question asked from Wakefield's perspective on wait times for dental services, and if wait times were similar in Mid Yorkshire as they were to North Kirklees, it was noted that they were, however progress was being made to find a long-term solution to reduce waiting times.
- In relation to how far children had to travel for theatre services, it was noted that the location for theatre services across Kirklees was CHFT. Early discussions were taking place in Mid Yorkshire regarding their timescales for theatre services.

### **RESOLVED:**

- 1) That officers be thanked for the presentation and their attendance at the meeting,
- 2) That further information be provided to the Panel around people attending accident and emergency who were registered with an NHS dentist,
- 3) That further information be provided on inequalities between Huddersfield and Dewsbury,
- 4) That the presentation be noted.

## **7 Work Programme 2023/24**

A discussion took place on the 2023/24 work programme and forward agenda plan.

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

Signed: ..... Dated: .....

## NOTES

### Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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



**REPORT TITLE: Care Quality Commission**

<b>Meeting:</b>	<b>Health and Adults Social Care Scrutiny Panel</b>
<b>Date:</b>	<b>28<sup>th</sup> February 2024</b>
<b>Cabinet Member (if applicable)</b>	<b>Councillor Jackie Ramsay</b>
<b>Key Decision Eligible for Call In</b>	<b>Not Applicable</b>
<b>Purpose of Report To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussion with representatives from the Care Quality Commission (CQC).</b>	
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>That the Panel considers the information provided and determines if any further information or action is required.</li> </ul> <p><b>Reasons for Recommendations</b></p> <ul style="list-style-type: none"> <li>To ensure that the Panel are content with the CQC single assessment framework and the state of care across district.</li> </ul>	
<b>Resource Implications:</b> Not applicable	
<p><b>Date signed off by <u>Strategic Director</u> &amp; name</b></p> <p><b>Is it also signed off by the Service Director for Finance?</b></p> <p><b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b></p>	<p><b>No- The report has been produced to support the discussion with CQC.</b></p>

**Electoral wards affected: None Specific**

**Ward councillors consulted: Not Applicable**

**Public or private: Public**

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

## **1. Executive Summary**

1.1 The work of the Health and Adult Social Care Scrutiny Panel includes a focus on the quality of care in local health and adult social care services. A key objective of regulators of health and adult social care is to provide people with safe, effective, compassionate and high-quality care and to encourage care services to improve.

1.2 The CQC is the independent regulator of health and adult social care, and its role is to monitor, inspect and regulate services to make sure that they meet fundamental standards of quality and safety.

1.3 Before a care provider can carry out any of the activities that are regulated by CQC, they must register with CQC and demonstrate that they will be able to meet a number of legal requirements.

1.4 Activities regulated by CQC include the treatment, care and support provided by hospitals, GP practices, dental practices, ambulance services, care homes and home-care agencies.

1.5 CQC have recently introduced a new assessment process. The new model will have differences for health and care providers in gathering evidence; the frequency of assessments and assessing quality of services.

1.6 CQC started the new assessment process with an early adopter programme involving a small group of providers and used what they had learnt to help improve how changes were implemented.

1.7 Details of the new assessment process is attached.

1.8 The work of CQC has been included on the Health and Adult Social Care Scrutiny Panel Work Programme for a number of years and has helped the Panel to gain a good understanding of the state of care that is being provided across Kirklees.

1.9 Representatives from CQC will be in attendance to provide the Panel with an overview of the state of care across the district that will include an overview of ratings for Adult Social Care (ASC), Primary Medical Services (PMS) and Mental Health (MH) Services. A presentation that will be used to help inform discussions is attached.

## **2. Information required to take a decision**

Not Applicable

## **3. Implications for the Council**

Not Applicable

### **3.1 Working with People**

No specific implications

### **3.2 Working with Partners**

No Specific implications

### **3.3 Place Based Working**

No specific implications

- 3.4 **Climate Change and Air Quality**  
No specific implications
- 3.5 **Improving outcomes for children**  
No specific implications
- 3.6 **Financial Implications**  
No specific implications
- 3.7 **Legal Implications**  
No specific implications
- 3.8 **Other (eg Risk, Integrated Impact Assessment or Human Resources)**  
No specific implications
- 4. **Consultation**  
No applicable
- 5. **Engagement**  
Not applicable
- 6. **Options**  
Not applicable
- 6.1 **Options considered**  
Not applicable
- 6.2 **Reasons for recommended option**  
Not applicable
- 7. **Next steps and timelines**  
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.
- 8. **Contact officer**  
Nicola Sylvester – Principal Governance and Democratic Engagement Officer  
[Nicola.sylvester@kirklees.gov.uk](mailto:Nicola.sylvester@kirklees.gov.uk)
- 9. **Background Papers and History of Decisions**  
Not applicable
- 10. **Appendices**  
Attached
- 11. **Service Director responsible**  
Julie Muscroft – Service Director, Legal Governance and Commissioning.

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# CQC Single assessment framework

**Jo Walkinshaw, Operations Manager**

*05 February 2024*

Page 11

# Starting our new assessment process

## **21 November to 5 December:**

Our early adopter programme involving a small group of providers started with planned assessments as we began to roll out the new approach. We used what we learnt to help improve how we implement the new changes.

## **From 5 December:**

Providers in local authority areas including Bedford Borough, Central Bedfordshire, Luton, Milton Keynes  
All registered providers in our South region

## **From 9 January:**

Assessments start for all registered providers in our London and East of England region.

## **From 16 January:**

Assessments start for a small number of providers in our North region and Midlands region.

# Starting our new assessment process (2)

## **From 6 February:**

Assessments start for all registered providers in our North region and Midlands region

Trust well-led assessments start in all regions

We assess applications to register a new activity or service using the new approach

As we start using the new assessment approach, we'll be listening to feedback from providers and may adjust our approach so that we use the best way possible. We will keep you updated as we begin to make these changes.

# Assessing quality and performance

**Differences from our current model. For health and care providers, there will be some differences in how we assess quality of services.**

- **Gathering evidence:** We'll make much more use of information, including people's experiences of services. We'll gather evidence to support our judgements in a variety of ways and at different times – not just through inspections. This means inspections will support this activity, rather than being our primary way to collect evidence.
- **Frequency of assessments:** We will no longer use the rating of a service as the main driver when deciding when we next need to assess. Evidence we collect or information we receive at any time can trigger an assessment.
- **Assessing quality:** We'll make judgements about quality more regularly, instead of only after an inspection as we do currently. We'll use evidence from a variety of sources and look at any number of quality statements to do this. Our assessments will be more structured and transparent, using evidence categories and giving a score for what we find. The way we make our decisions about ratings will be clearer and easier to understand.

# How the assessment process will work

- Our guidance to support providers in our new approach to assessment is all online. You can download and print the guidance, but we will refine and update it, so organisations must keep up -to-date. Our new framework retains our 5 key questions and the 4-point ratings scale. We will assess services against quality statements. These replace our key lines of enquiry (KLOEs), prompts and ratings characteristics.
- We will gather evidence both on site and off site to make an assessment. The types of evidence we will consider are grouped into 6 evidence categories. We list the evidence categories we will look at for different sector groups.
- Our assessments may be responsive (in response to information of concern) or planned. In both cases, we will be flexible and may expand the scope of an assessment if we need to.

# Engaging with providers during the assessment process

## Starting an assessment

- We will continue to apply existing rules when giving notice of assessments. This includes where we carry out unannounced on-site activity.
- We will email providers to tell them when an assessment is starting. We may ask them for documentation at this point.

## During an assessment

- In some cases, we may not need to carry out a site visit at all if the scope of our assessment does not require this. If we do need to make a site visit to gather evidence, Experts by Experience or a specialist may support us.
- We will give feedback to the provider when we have completed either an on-site or off-site assessment. If possible, we will give feedback about on-site activity immediately after completing it.

# Our scores, ratings and reports

## Scores

- We will give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.
- Scores for evidence categories relate to the quality of care :
  - 4 = Evidence shows an exceptional standard
  - 3 = Evidence shows a good standard
  - 2 = Evidence shows some shortfalls
  - 1 = Evidence shows significant shortfalls
- The quality statement scores are combined to give a total score for the relevant key question. We will initially only publish the ratings for providers, but we intend to publish the scores in future.
- Video link – How we will score <https://www.youtube.com/watch?v=Y8rfXcoFVpA>

# Our scores, ratings and reports (2)

## Ratings

- We will use the scoring system to then produce a rating for a service. Providers will have a chance to check the factual accuracy of our draft assessment report.
- If a service currently has a rating, we will transfer that across to our new platform by applying scores to quality statements.

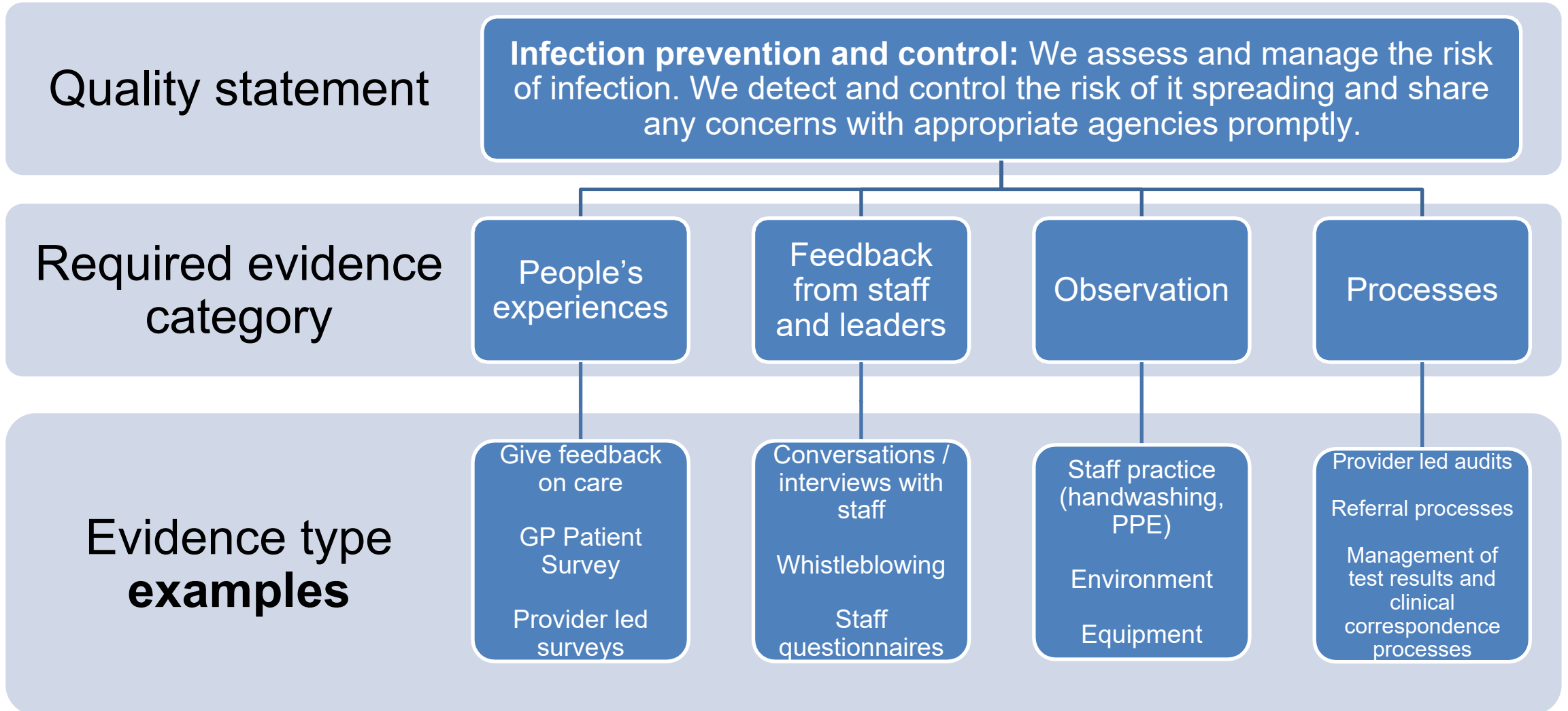
## Publishing reports and ratings

- We will publish reports as web content rather than in a PDF document. It will contain sections for each area of the framework we have looked at during the assessment.
- If ratings change as a result of our assessment, we will also publish these.
- Providers can still ask us to review how we produced their ratings to check we followed our process correctly.





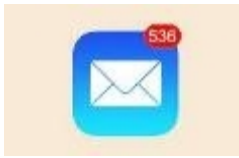
# How we reach a rating - example



# How we're implementing these changes

- We won't release everything at once
- We want to learn as we go, starting small and rolling out the changes in stages
- Feedback will be key, and we will adjust plans if necessary
- We'll be clear at every step about what it means for you

<https://www.cqc.org.uk/news/our-revised-plan-and-approach-transformation>



## Provider Bulletin

<https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc> or Search: CQC bulletin



## Social

@CQCProf @CQCProf  
youtube.com/user/cqcdigitalcomms  
facebook.com/CareQualityCommission



## Digital platform

<https://cqc.citizenlab.co/en-GB/>  
or Search: Citizenlab CQC



## Podcasts

Wherever you listen to podcasts  
Search: CQC Connect

## Blogs

<https://medium.com/@CareQualityComm>  
or Search: Medium CQC

## Medium

## Publications

<https://www.cqc.org.uk/publications>



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# Kirklees Local Authority Ratings update

Ratings update

# Ratings breakdown by sector

NHS Hospitals

Independent Healthcare

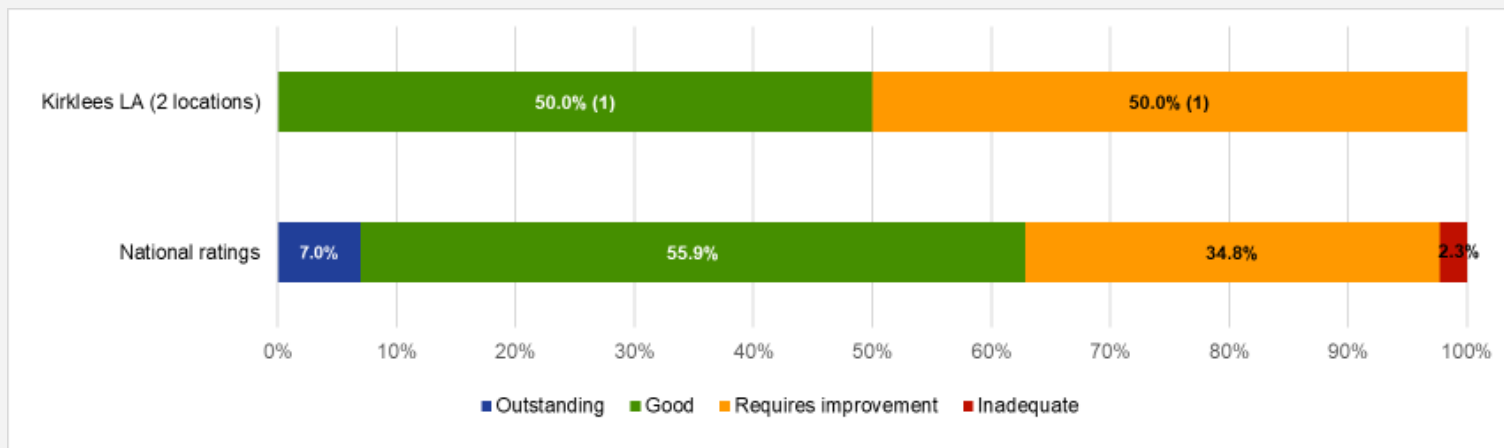
Adult social care

Primary medical services

All ratings are at location level, only registered and active services are included.

# Acute NHS Hospitals

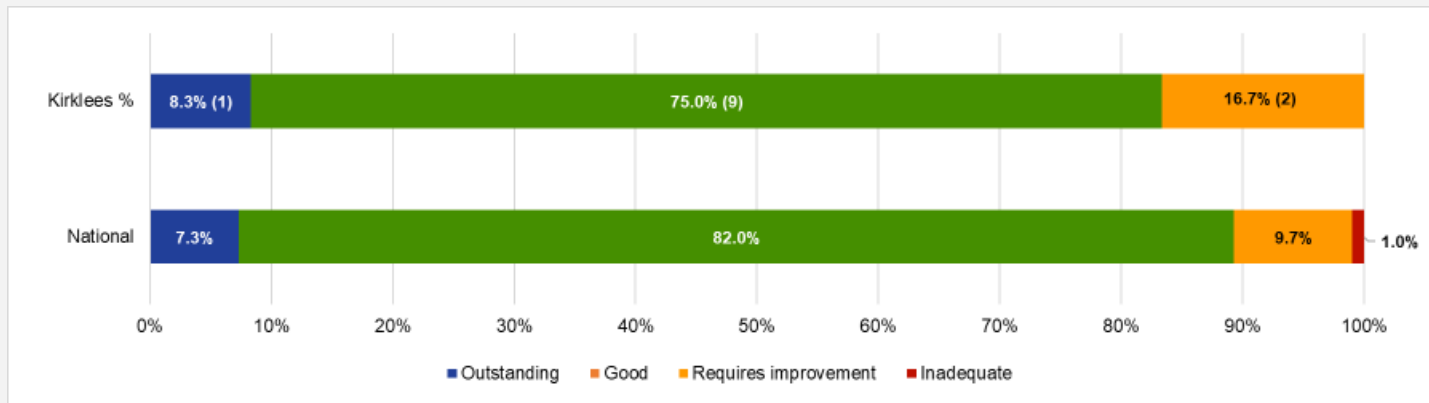
There are two non-specialist acute hospitals in within Kirklees Local Authority, which are part of two different hospital trusts.



Location	Rating	Publication date
Dewsbury and District Hospital (part of Mid Yorkshire Teaching NHS Trust)	Requires Improvement	Nov-22
Huddersfield Royal Infirmary (Calderdale and Huddersfield NHS Foundation Trust)	Good	Jun-18

# Independent Healthcare

There are 12 independent healthcare locations within Kirklees Local Authority, one is rated outstanding, nine are rated good and two are rated requires improvement.





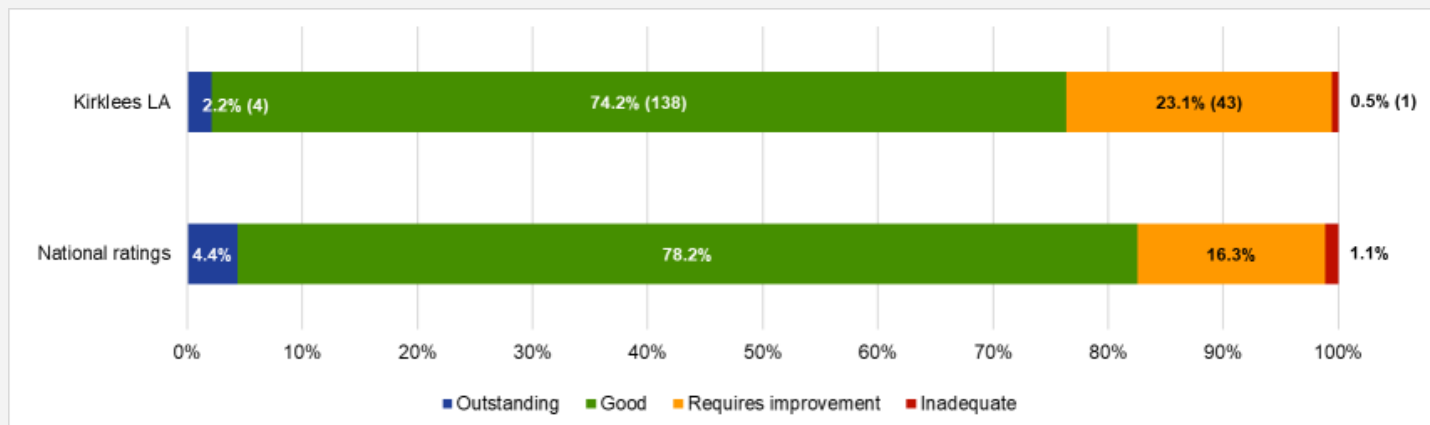
# Independent Healthcare

Latest ratings for all independent healthcare locations within Kirklees Local Authority

Location	Provider	Location Primary Inspection Category	Rating	Publication date
CHART Kirklees	Change, Grow, Live	Community substance misuse	Good	Apr-22
Kirkwood Hospice	Kirkwood Hospice	Hospice services	Good	Feb-17
The Huddersfield Hospital	Circle Health Group Limited	Acute hospital - Independent non-specialist	Requires Improvement	Dec-19
Skyn Doctor	Medali Limited	Independent consulting doctors	Good	Jun-23
ReWonder Ltd	ReWonder Ltd.	Independent consulting doctors	Good	Jul-22
Walk in Centre	Locala Community Partnerships C.I.C.	Urgent care services & mobile doctors	Good	Nov-17
The Priory Hospital Dewsbury	Priory Rehabilitation Services Limited	Mental health - community & hospital - independent	Requires Improvement	Nov-21
Forget Me Not Children's Hospice	The Forget Me Not Children's Hospice Limited	Hospice services	Outstanding	Jan-24
Blackburn Road Medical Centre	Priderm LLP	Independent consulting doctors	Good	Jan-20
Curo Health Limited	Curo Health Limited	Out of hours	Good	Apr-22
Simplyweight Ltd	Simplyweight Ltd	Slimming Clinics	Good	Oct-21
Miracle Within Ltd	Miracle Within Ltd	Acute hospital - Independent specialist	Good	Feb-23

# Adult Social Care

There are 186 adult social care locations within Kirklees Local Authority, four are rated outstanding and one is rated inadequate



## Outstanding rated locations:

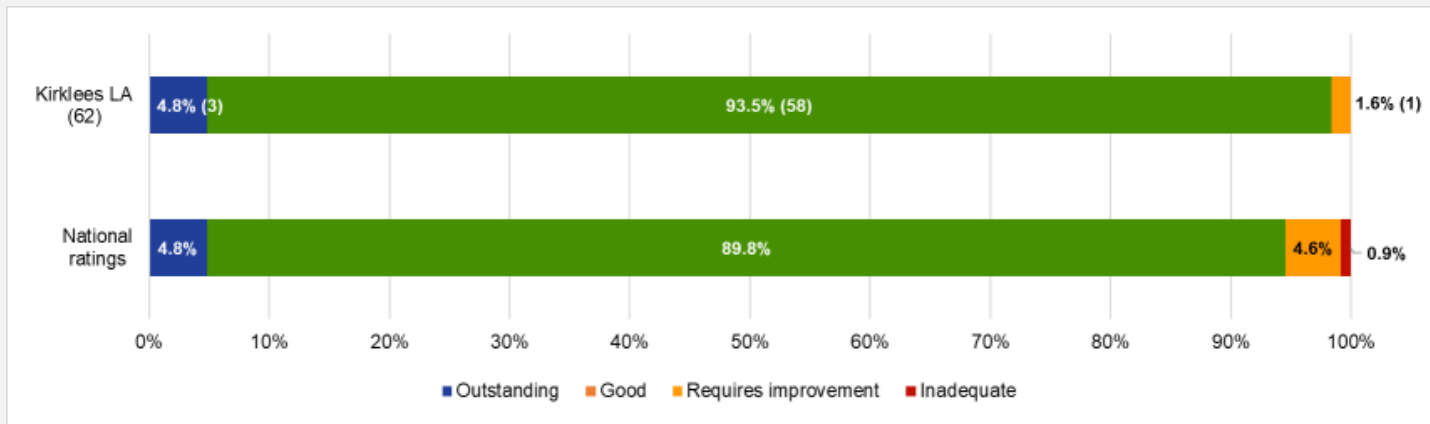
Active Social Care Limited (Kirklees, Calderdale and Bradford)  
Kings Mill Court (St Anne's Community Services)  
Newsome Road - St Paul's House (Bridgewood Trust Limited)  
Willow View (Action for Care Limited)

## Inadequate rated location:

Aden House Care Home (Aden House Limited)

# Primary Medical Services

There are 62 primary medical service locations Kirklees Local Authority, 61 of these are GP practices and one is an urgent care and mobile doctor service. Three services are rated as outstanding, and one is rated as requires improvement.



## Outstanding rated locations:

Dr Nazareth, Dr Hameed, Dr Frankland and Dr Ihsan  
Dr Shamsee, Ward and Associates  
Elmwood Family Doctors

## Inadequate rated location:

The University Health Centre

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**REPORT TITLE: Future arrangements for the council-run long stay dementia care homes.**

<b>Meeting:</b>	<b>Health and Adults Social Care Scrutiny</b>
<b>Date:</b>	<b>28/02/2024</b>
<b>Cabinet Member (if applicable)</b>	<b>Cllr Jackie Ramsay</b>
<b>Key Decision Eligible for Call In</b>	<b>Yes Yes</b>
<b>Purpose of Report</b> 1.1 To present cabinet with findings from the recent dementia care homes consultation.	
<b>Recommendations</b> <ul style="list-style-type: none"> <li>• Cabinet to understand the consultation process followed, feedback and impact from the consultation.</li> <li>• Seek cabinet approval to explore potential opportunities to transfer the homes to an independent sector provider.</li> </ul>	
<b>Reasons for Recommendations</b> <ul style="list-style-type: none"> <li>• Following approaches made to the Council by independent sector operators, we would wish to explore potential opportunities to transfer the homes into the independent sector. The council will continue to operate the homes during this time, and thereafter if it is not successful in transferring them.</li> </ul>	
<b>Resource Implications:</b>	
<b>Date signed off by <u>Strategic Director</u> &amp; name.</b>	<b>Give name and date for Cabinet / Scrutiny reports.</b> Richard Parry – Strategic Director of Adults and Health – 09/02/24
<b>Is it also signed off by the Service Director for Finance?</b>	<b>Give name and date for Cabinet reports.</b> Isabel Britton - TBC
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	<b>Give name and date for Cabinet reports.</b> Julie Muscroft- TBC

**Electoral wards affected:**

The following are the wards where the buildings are situated, however the residents are from all wards across Kirklees:

- Heckmondwike
- Newsome

**Ward councillors consulted:**

Ward Councillors (Cllr Viv Kendrick, Cllr Steve Hall, Cllr Aafaq Butt, Cllr Andrew Cooper, Cllr Susan Lee-Richards, Cllr Karen Allison)

**Public or private: Public**

**Has GDPR been considered? Yes**

## 1. Executive Summary

There are 57 long stay care homes for older people in Kirklees of which 44 are registered to provide care for people living with dementia. Kirklees Council operates 2 of the 44 homes at Claremont House, Heckmondwike and Castle Grange, Newsome.

On 26 September the Council's Cabinet approved proposals for consultation on the proposed closure of Castle Grange and Claremont House. The consultation ran from 11 October 2023 to 03 January 2024.

This report summarises the findings of the consultation; the impacts of the proposals on affected residents, family / carers, staff, and the wider local communities; and the proposed mitigating options.

### 1.1 Context

1.1.1 The Vision for Adult Social Care is the Council's strategy for people with care and support needs, setting out the strategic aim for social care services to support people to remain in their own homes and as independent as possible for as long as possible.

1.1.2 This is reflected in the significant expansion in reablement and home care capacity and delivery across Kirklees and the Council's investment in services such as the new build dementia day service at Knowl Park House.

1.1.3 For some people, they will reach a point where they will need accommodation with support such as Extra Care Housing, Residential Care and Nursing Care.

1.1.4 Alongside the challenging financial context, we recognise the need for the most efficient and effective model of services to ensure value for money and optimal use of resources. As such, it is also timely to review in-house service provision and consider future options as part of the Council's medium-term financial strategy and the breadth of activity that the Council needs to undertake over the next few years.

### 1.2 Castle Grange and Claremont House

1.2.1 Castle Grange is situated at the junction of Ing lane and Dawson Road in Newsome.

1.2.2 Claremont House is situated at the junction of Brighton Street and Claremont in Heckmondwike.

1.2.3 Both Care Homes:

- Are owned and run by the Council, providing twenty-four-hour residential care and support for older people with dementia.
- Have provision for forty beds (mix of long stay and short stay beds).
- Provide bedrooms which are single occupancy with ensuite shower facilities.
- Are two-storey buildings with use of either a lift or stairs to access the first floor. Each floor is divided into two self-contained suites that consist of ten personalised ensuite bedrooms, one open planned lounge and dining area, one kitchen with facilities to promote independence and one assisted bathroom.

1.2.4 Castle Grange is temporarily accommodating a Dementia Day care service (The Homestead) prior to its move to Knowl Park House in the summer of 2024. This has reduced the home's provision to thirty beds in total, twenty-three beds are currently

occupied by long stay service users and seven beds are used for short stay/emergency placements.

1.2.5 Claremont House was undertaking a series of upgrades to facilities, works that have since been paused pending the outcome of the future of the service. These works have reduced the homes provision to thirty beds in total, nineteen beds are currently occupied by long stay service users and ten beds are used for short stay placements.

1.2.6 There are currently 37 residents across both care homes – with 16 residents at Claremont House and 21 residents at Castle Grange.

1.2.7 The following sections are considered important factors as part of the Council's strategic considerations for providing dementia residential care as presented in this report, alongside the following:

- The Council's investment in modern and dementia designed day services is as part of wider efforts to invest in services that enable people to live a good life at home for as long as possible.
- A recognition that some people living with dementia will ultimately need residential or nursing care, but many people already receive this through the independent sector.
- Opportunities to utilise the available capacity in the wider independent sector.
- Consideration to the quality of care across the wider independent sector

## **2. Information required to take a decision.**

2.1 Kirklees Council sought views on proposals for the future of Claremont House and Castle Grange care homes. The consultation ran for 12 weeks from 11 October 2023 to 03 January 2024.

2.2 The consultation was based on the preferred option of closure of both Claremont House and Castle Grange, with a view to supporting the safe reassessment and relocation of existing service users.

2.3 The proposal of closing both homes has anticipated annual savings of £1.247m net.

2.4 As this report has demonstrated the consultation was extensively promoted throughout the period leading to good levels of engagement.

2.5 In total, there were 399 responses to consultation. Of this, 366 responded to the consultation questionnaire and all other submissions were made via emails, letters or in a face-to-face meeting. This consultation ran parallel with the overall budget consultation and multiple other consultations on specific proposals.

2.6 Emails and letters were received by local MPs and Councillors on behalf of concerned residents, setting out MP and Councillor concerns about the proposed closure of the care homes.

2.7 Unison and GMB completed a joint campaign against the home closures. Trade Unions were also consulted as part of the consultation process and a detailed statement from GMB on the proposals to close Claremont House and Castle Grange was received.



2.8 Due to the number of queries raised through the consultation, the proposal was discussed on 22/11/2023 at the Health and Social Care Overview and Scrutiny Panel.

2.9 Several deputations were also raised at formal Council meetings including Cabinet meetings 21/12/23 and Full Council meetings 18/10/23 and 13/12/23.

2.10 The families directly impacted by the proposals were engaged on a regular basis through a range of engagement approaches to keep them up to date with the consultation.

2.11 Family meetings were attended by most families (both in person and virtually). All communication and presentations were followed up with emails and letters.

2.12 Ward Councillors have been engaged and included throughout the consultation process. This includes involvement in consultation meetings with family members, Councillor Briefings to ensure ward councillors are kept updated on progress with the consultation, specific Ward Councillor Briefing Sessions led by the Cabinet Member and Lead Council Officer held on 04 January 2024

2.14 The Council commenced a voluntary consultation process and there is no legal requirement to consult on alternative options in the context of voluntary consultation. In the spirit of transparency and openness Council Officers have responded promptly to requests for additional information from consultees where appropriate. The Council has provided sufficient information and sufficient reasons to justify the Council's proposals upon which the Council is consulting.

## 2.15 Care home operating cost

2.15.1 The operating costs for both care homes are set out below in Table 1. These costs are predominantly fixed i.e. there is little variance linked to the level of bed occupancy or income.

Fig 1: Care Home Operating Costs

	<b>Castle Grange</b>	<b>Claremont House</b>
<b>Direct Costs</b>	£2,079,684	£2,066,901
<b>Indirect Costs /Overheads</b>	£382,173	£391,933
<b>Total</b>	£2,461,857	£2,458,834

2.15.2 Alongside the overall £4,920,691 annual (2023/24) operating cost for the care homes the council is also responsible for the capital repair costs required at each home. When considering the proposals in this report, it is important that the Cabinet also considers the estimated level of capital funding which was identified for 2024/25 for essential repairs at the homes - £550,000 of expenditure which would need to be spent on the properties if they remained open.

2.15.3 It has been suggested that the Council should consider the 20-year financial implications of any decision. Such a time frame introduces a few uncertainties but there is no evidence to suggest that the cost of providing the service in-house will move to being equal to or less than the cost of purchasing the service in the independent sector over that period.

## 2.16 Care Home Staffing

2.16.1 Staffing costs for the care homes form a significant proportion of the operating costs for these Council run homes (as they do in the independent sector). These costs include the cost of care staff, catering, cleaning and laundry staff, as well as management and administrative staff.

2.16.2 There are currently approximately 119 staff (81.14 FTEs) across both establishments, primarily grade 5 support workers.

2.16.3 Staffing levels are reviewed both operationally and strategically to ensure safe operating levels, compliance with regulatory standards and service effectiveness.

2.16.4 In respect of the Council run homes, each care home has capacity for 40 beds, however currently there are 37 residents across all 80 beds which represents a 46.25% occupancy. Reasons for this level of occupancy are:

- 10 beds at Castle Grange are being used as the temporary decant solution for The Homestead team pending completion of works at Knowl Park House in Mirfield
- 10 beds at Claremont House were retained as vacant capacity pending significant facilities management works to be undertaken during 2023/24
- Limited demand for short term respite beds following the pandemic - the service currently has capacity for up to 20 short term respite beds, this service offer has been under-used which led to the Council reviewing the bed mix across the homes (following consultation sessions with families, a wing of 10 respite beds was opened up at Claremont House from 26 October 2023).

2.16.5 Whilst occupancy has an impact on unit cost it is not the overriding factor in determining the overall financial position for these homes. As set out in the Cabinet report dated 26 September 2023, should the homes operate at 100% occupancy, it would still remain value for money for the Council to secure alternative placements and support service users through maximising the capacity in the independent sector.

## 2.17 Unit Cost Comparisons and Care Home Fee Rates

2.17.1 Further to the information presented above in section 2.15 (Care Home Operating Costs) the unit cost of providing a bed at Claremont House equates to £1,178.89 per bed per week, with the cost of a bed at Castle Grange equating to £1,180.34 per bed per week (unit costs based on the full operating costs to the Council)

2.17.2 The above unit costs are based on an assumed level of occupancy of 100%, additional occupancy scenarios are also presented below for consideration and to highlight the impact of lower rates of occupancy on the costs per bed.

Fig 2: Care Home Unit Costs

	<b>Castle Grange</b>	<b>Claremont House</b>
<b>Direct Costs</b>	£2,079,684	£2,066,901
<b>Indirect Costs / Overheads</b>	£382,173	£391,933
<b>Total</b>	£2,461,857	£2,458,834
<b>Based on the above operating costs, the cost per bed per week is:</b>		
At Current Occupancy Levels (58%)	£2,052.76	£2,481.87
At Current Market Occupancy (87%)	£1,356.71	£1,355.05

At Full Occupancy (100%)	£1,180.34	£1,178.89
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2.17.3 The current average dementia residential fee rate in the independent sector is £865.32 per bed per week – this is the average cost to the Council based on the full range of contracted dementia residential beds in the independent sector.

2.17.4 Figure 3 below provides a comparison of unit costs between the Council run care homes and the average independent sector unit cost for a dementia residential bed.

Fig 3: Care Home Unit Cost Comparisons

	<b>Castle Grange</b>	<b>Claremont House</b>
Internal cost per bed/week	£1,180.34	£1,178.89
External cost per bed/week	<u>£852.69</u>	<u>£852.69</u>
<b>Difference (per bed/week)</b>	<b>£327.65</b>	<b>£326.20</b>
Or difference of	£683,384 per year	£680,361 per year

2.17.5 Based on the above calculations, alternative placements for the equivalent of 80 beds (based on 100% occupancy of 80 beds) in the independent sector would cost the Council £3,556,945. This is £1,363,746 less than the current Council costs presented above.

2.17.6 It would be prudent to note that all independent sector care homes in Kirklees state they accept council rates. Some residential care homes do request a top up for the care they provide, this is based on individual circumstances, we are therefore unable to advise on the number of homes that would require a top up payment.

2.17.7 The amount of the top up is agreed between the third-party payer and the residential home at the time the person goes to live in the home. This amount can be changed by agreement with the person paying the top-up.

### **3 Implications for the Council**

#### **3.1 Working with People**

3.1.1 All relevant stakeholders were consulted as part of the non-statutory consultation process. The consultation has been about listening to the views of our citizens, which the Cabinet is asked to consider when deciding about the future of Claremont House and Castle Grange.

#### **3.2 Working with Partners**

3.2.1 All relevant partners were consulted as part of the non-statutory consultation process. Through the consultation, Adult Services and the council have been approached by other potential care providers with an interest in exploring potential purchase or transfer options for the care homes. This is being explored further as part of the Commercial Partnership process.

#### **3.3 Place Based Working**

3.3.1 Claremont House and Castle Grange support residents and families from across Kirklees.

### **3.4 Climate Change and Air Quality**

3.4.1 No impact.

### **3.5 Improving outcomes for children**

3.5.1 No impact.

### **3.6 Legal Implications**

3.6.1 The Care Act 2014 imposes a general duty on local authorities to promote an individual's well-being (section 1 Care Act 2014).

3.6.2 Section 2 of the Care Act 2014 imposes a general duty to provide or arrange services to reduce, prevent or delay the development of needs.

3.6.3 Local authorities had a duty to provide residential accommodation for adults who needed care and attention not otherwise available to them under section 21 of the National Assistance Act 1948. This was repealed and replaced by a duty to meet needs for care and support (section 18 Care Act 2014).

3.6.4 Section 19 of the Care Act 2014 gives a local authority the power to meet needs for care and support, where it is not under a duty to do so. Unlike the National Assistance Act 1948, the Care Act 2014 does not specify separate duties for the provision of residential and non-residential care. Section 8 of the Care Act instead gives examples of the different ways that a local authority may meet needs under section 18, and the list includes "accommodation in a care home or premises of some other type" (s.8(1)(a)), or "care and support at home or in the community" (s.8(1)(b)).

3.6.5 An assessment of needs must be carried out where it appears to the local authority that a person may have needs for care and support. The assessment must identify whether the adult has any needs for care and support. If there are, the assessment must state what those needs are. (Section 9(1), Care Act 2014.) A Local authority must also assess any carer (current or prospective) where it appears they may have need for support. Section 10(1) Care Act 2014.

3.6.6 After assessing what the needs of an adult or carer are, a Local Authority must consider whether the needs meet the eligibility criteria for a provision or service (section 13(1), Care Act 2014). The criteria do not specify the types of care and support that a Local Authority must provide to meet eligible needs. Prior to any individual moving accommodation, their needs assessment and care and support plan should be reviewed. In offering alternative accommodation the Local Authority should have regard to the Care and Support and After-care (Choice of Accommodation) Regulations 2014.

3.6.7 The council has a market shaping duty under section 5 of the Care Act 2014 and must exercise its duties in accordance with the Department of Health Care and Support Statutory guidance (updated June 2023).

3.6.8 The Council also has responsibilities under the Care and Support (Ordinary Residence) (specified Accommodation) Regulations SI 2014/2828 which specifies

supported living accommodation (reg 5) whereby if an individual's needs can only be met in supported living accommodation, the council where the individual is ordinarily resident immediately before being placed is responsible (section 39 Care Act 2014).

3.6.9 The Council will also comply with all relevant mental health legislation, amongst other things, in relation to capacity issues.

3.6.10 The Council is required to carry out a non-statutory consultation process regarding proposals to reconfigure services and to carefully consider responses before reaching any decision regarding reconfiguration of care services. The consultation process should be done at a formative stage in line with criteria laid out in R v Brent LBC Ex parte Gunning [1985] and endorsed by the Supreme Court in R (Moseley) v Haringey LBC [2014].

3.6.11 The criteria are:

1. The duty to act fairly.
2. The requirement of fairness is linked to the purpose of the Consultation, and sufficient reasons given so that the proposals enable an intelligent response.
3. The features of the consultees are relevant in deciding the degree of specificity required in the information provided.
4. Where the proposals involve the denial of a benefit, fairness demands will be higher.
5. Where there are no statutory restrictions on the content of the consultation, fairness may require that interested stakeholders be consulted on preferred and rejected options. Consultation in this case will be non-statutory.

3.6.12 Article 8 of the Human Rights Act 1998 - right to a private and family life, may be engaged. Following completion of the consultation, the council will need to ensure the needs of residents have been properly assessed and individual service user reviews in line with the Care Act 2014 will be carried out.

3.6.13 The council must comply with its Public Sector Equality Duty in section 149 Equality Act 2010. An Equality Impact Assessment (EIA) of the proposed options is advisable. The Council when exercising its functions must have "due regard to the need to":

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Section 149(7) sets out 7 protected characteristics namely: age, disability, gender reassignment; pregnancy and maternity, race, religion or belief, sex or sexual orientation. It follows that age and disability will be most relevant in taking decisions about the future of the Council's care homes and an EIA will show how the proposals impact on people.

### **3.7 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)**

3.7.1 Informed by the consultation, an Integrated Impact Assessment has been completed to assess the impact of the proposed changes to the care homes. This considers the equality impact, covering the nine protected characteristics as set out in the Equality Act 2010. This is available to support decision making here: [Integrated Impact Assessments - IntegratedImpactAssessment \(kirklees.gov.uk\)](https://www.kirklees.gov.uk/integrated-impact-assessments)

### **3.8 Overall Impact Summary**

3.8.1 Based on the Council's initial proposals to close the care homes, a literature review of the impact of moving care homes was undertaken by a member of the Public Health team, and a summary of which is provided below:

- **The evidence within the past 10 years is limited** - evidence from the past 10 years reveals a paucity of research into the impact of care home closures and relocation on dementia residents.
- **The understanding of impact is mixed** - the health effects of any relocation of older adults suffering from dementia were negative. The research highlights a decline in physical, mental, behavioural, and functional well-being. It is important to note that the research also examines how relocations can be managed to reduce the negative impact on residents. This includes involvement of patients, careful planning and preparation and creating a similar environment for the resident in their new home.
- **The way in which the process of relocation is managed is important** - studies show that the way in which a relocation process is managed for residents, staff and family can have a significant impact on the outcomes for care home residents. The research suggests care home closures may be a "tale of two halves", with inevitable distress during the closure but, if done well, with scope for improved outcomes for some people in the longer term.

3.8.2 The consultation asked people what they would consider to be the impacts of the proposals. The submission responses showed key themes, with key issues and messages relating to each theme. These are detailed in full in Appendix 1 - [Survey – Summary Report](#).

3.8.3 The proposals are the subject of an IIA which has been updated throughout the consultation process and used to inform this report. Identified impacts arising from these assessments are also summarised below.

#### **3.8.4 Health and Wellbeing Impact**

3.8.4.1 Concerns were raised through the consultation as to the impact on the mental and physical health and wellbeing of long stay residents having to leave their home, with additional worry created for residents, families / carers and staff around settling into a new environment or in finding alternative employment.

3.8.4.2 A literature review was undertaken by a colleague in Public Health as set out in 3.8.2 above.

3.8.4.3 In drawing up the initial proposals, conducting the consultation and in making any formal recommendations, officers have been acutely conscious of the depth of feeling aroused among service users, families, carers, staff, and local communities.

3.8.4.4 Officers have responded to the above through: regular and ongoing communications; dedicated web site with key information for families; dedicated email address for all care home related correspondence and queries; face to face briefing sessions and meetings with resident families, staff and stakeholders; enhanced leadership visibility at each care home; one to one meetings offered to resident families and staff.

3.8.4.5 The commitment and quality of care provided by staff at both homes is fully recognised and acknowledged. It is also fully acknowledged that hearing that your workplace is subject to a consultation can create uncertainty and worry. It is therefore

important that staff are made aware of any recommendations affecting the future of their workplace directly and at the earliest opportunity.

### **3.8.5 Quality and availability**

3.8.5.1 Both Castle Grange and Claremont House are rated 'Good' performing homes by the Care Quality Commission (CQC), with Castle Grange achieving an improved rating in March 2023 compared with the previous 'Requires Improvement' rating issued by CQC following inspection in April 2019.

3.8.5.2 The context within Kirklees is that there is a well-developed independent sector care home market.

### **3.8.6 Community Impact**

3.8.6.1 Concerns were raised about the impact on the ability of family / carers (including young children) to visit relatives easily within their local community based on the original proposals to consider closure of these care homes. Concerns were also raised in that closing the homes would limit people's choices of quality provision in their local area, leading to insufficient provision compared to demand in the future.

### **3.8.7 Strategic Impact**

3.8.7.1 The reputational impact on the council was voiced should the decision to close the two homes be made when money is being spent on other services viewed by the respondents as of less value than keeping council-run care home provision.

3.8.7.2 The impact on the quality and availability of long and short stay residential care and support in the future if a reliance is placed so heavily on the private sector, with a need for long term strategy.

### **3.8.8 Methodology Impact**

3.8.8.1 The impact of the timing of the proposals, particularly the way the initial cabinet proposals dated 26 September 2023 were presented to Cabinet with limited pre-consultation with families and staff, were raised as adding an additional burden on residents, families and carers, and frontline workers.

3.8.8.2 Whilst it is acknowledged that the uncertainty created by the proposals on the future of the two care homes creates worry for those affected, it is also important that people are made aware of any recommendations affecting the future of their home, services they use and their workplace directly and at the earliest opportunity. Officers therefore commenced an early engagement process with resident families and staff, allowing sufficient time for a non-statutory consultation of this nature to take place.

3.8.8.3 Families of residents in the care homes also reported the lack of information on the alternative options considered by the Council for making the necessary savings.

3.8.8.4 The Council have a wide margin of discretion as to what it decides to consult on and there is no legal requirement to consult on alternative options in the context of voluntary consultation.

### **3.89 Financial Impact**

3.8.9.1 Concerns were raised about the cost of alternative provision and the impact of this on residents, resident families and carers financially. The 1:1 meetings offered to all families provided the opportunity to discuss this issue in more detail in the context of their individual family member.

3.8.9.2 Social care across England is means tested and individuals in receipt of care services must pay towards the cost of their service up to a limit based on their income and assets/savings. There are a number of residents of Claremont House and Castle Grange who have been assessed as being able to pay the full cost of their care. Other residents have been assessed as being able to afford a partial contribution towards the cost of their care and the Council pays the balance of the cost. For the latter group, subject to individual financial review and circumstances, this is likely to remain the case if an individual is placed in an independent sector care home that accepts placements at the Council's placement rates.

3.8.9.3 The financial position of the Council position cannot be escaped. The Council therefore has to consider the opportunities this presents in reviewing the Council's role as a provider of long stay resident care beds.

## 4 Consultation

4.0.1 The council carried out a comprehensive consultation for a period of 12 weeks between 11/10/23 and 03/01/24 on proposals for the future of Castle Grange and Claremont House.

4.0.2 As part of the consultation process a dedicated email account was set up to deal with any enquiries from all stakeholders. The email address was promoted widely and was shared via letter to the families, on any briefings to stakeholders and was on the web page for the Care Home consultation.

### 4.1 Face to Face Meetings and Feedback

4.1.1 Face to face meetings have been held with family members of residents of Castle Grange and Claremont House before and during the consultation.

4.1.2 In total there were five separate face-to-face meetings with families of residents, eight staff meetings and 30 stakeholder/1:1 meetings where feedback was received to support the consultation process. The range of engagements are outlined below:

Date	Topic	No of Attendees
5 <sup>th</sup> September 6 <sup>th</sup> September 18 <sup>th</sup> September 19 <sup>th</sup> September	Pre-consultation Session	Claremont House Staff team Castle Grange Staff Team Claremont House families Castle Grange families
19 <sup>th</sup> September 20 <sup>th</sup> September	Staff teams/Trade Union Meeting	Claremont House Castle Grange
23 <sup>rd</sup> October 24 <sup>th</sup> October 8 <sup>th</sup> November 13 <sup>th</sup> November 14 <sup>th</sup> November	First Consultation Session	Castle Grange Families Claremont House Families Castle Grange – Senior Team Claremont House – Senior Team Castle Grange Staff Team



15 <sup>th</sup> November		Claremont House Staff Team
20 <sup>th</sup> November	Second Consultation Session - Finance	Family representatives from both care homes.
29 <sup>th</sup> November to 29 <sup>th</sup> December	1:1 meeting with families. All families were offered the opportunity for a 1:1 meeting	13 family members representing 9 residents attended the meetings.
14 <sup>th</sup> – 21 <sup>st</sup> December	1:1 meeting with stakeholders	17 individual conversations were held.

4.1.3 At the pre-consultation briefing families were made aware about the proposals and how they could get involved with the consultation as early as possible.

4.1.4 Subsequent meetings have focussed on understanding the Council's preferred model, understanding the cost and benefit of options explored, impact of proposals on resident wellbeing and family wellbeing, identifying and appraising alternative options etc.

4.1.5 High level themes emerging from these sessions include:

- Concern about the proposed review of these settings with a view to closure of the in-house dementia care homes and alternative options to be explored in the private sector.
- Seeking assurance that the private sector can deliver the same high level of quality care and specialism in dementia care.
- Identifying Council savings and/or efficiencies through other initiatives to help protect social care services, questions about the Council's investment in other services.
- An open dialogue about options explored and financial models used to arrive at the proposed Council model.
- Impact of the proposals on resident (and family) health, wellbeing and relationships, both short term and long term
- Challenge of the report presented to Cabinet 26 September 2023 and the subsequent consultation process.

4.1.6 A detailed Questions and Answers document shaped in collaboration with family members was produced and shared.

## **4.2 Petitions, questions at Council meetings and deputations**

4.2.1 There were two petitions on the proposals for the future of the care homes. The Stop the Closure of Claremont House petition had over 4,500 signatures (both online and paper signatures) hence triggered a debate at Full Council on 13 December. The second petition entitled Stop the Closure of Castle Grange had 2,629 signatures and therefore fell below the threshold of 3,000 signatures to trigger a debate at Full Council.

4.2.2 Deputations from family members were presented at Full Council on 18 October and 15 November and at Cabinet on 21 December 2023.

4.2.3 Public Questions were asked at the above meetings and at the Health and Adult Social Care Scrutiny committee meeting on 22 November 2023.

## **4.3 Other material submitted:**

4.3.1 In addition:

A request for information was received from Irwin Mitchell on 28/11/23.

A report from Avalon Rawling was received on 22/12/23.

#### 4.4 Summary of the consultation

4.4.1 399 respondents participated in the consultation, of which 366 either completed the online or paper version of the survey and 33 participated in face to face/telephone consultation.

4.4.2 People who took part in the survey:

- 43% General public, 31% Care/family member, 10% Friend of a care home resident, 10% Other, 6% Staff member and 1% Care home resident.
- The care home that people lived at or associated with most:
  - 29% Claremont, 24% Castle Grange, 23% Both and 24% was not applicable.
- The information on the web site was read by 97% of the respondents and understood by 65%.
- Of the respondents 2% strongly agreed, 2% agreed, 4% Not sure / didn't know, 14% Disagreed and 78% strongly disagreed with the proposals.
- The respondents were able to select four responses of their biggest concerns if the Council progressed with a closure programme for Castle Grange and Claremont House:
  - 23% Negative impact on residents' health / wellbeing
  - 19% Receiving the same quality of care.
  - 14% Identifying somewhere suitable to live.
  - 8% Getting used to new staff.
  - 7% Losing friendships.
  - 7% Increased pressure on other local care services
  - 6% Additional costs / expense
  - 5% Increased travel time to visit loved one.
  - 5% Staying in the borough.
  - 4% Potential job losses
- In relation to what other care services people felt would benefit them / their community in the future and select all that applied:
  - 28% Residential care
  - 20% Dementia Day Services
  - 15% Home Care
  - 12% Reablement
  - 10% Assistive technology
  - 10% Independent Sector
  - 5% Other.

4.4.3 Further information about those who participated includes:

- 69% Females, 18% Males, 1% Non-Binary/Intersex and 3% preferred not to say.
- 51% under 54 and under, 46% over 55s and 2% preferred not to say.
- 6% BAME, 88% White British, white other, 6% preferred not to say.

4.4.4 Potential impacts highlighted through the consultation are:

- Recognition of the good quality care provided through Castle Grange and Claremont House

- Impact of the proposals on resident (and family) health, wellbeing and relationships both short term and long term
- Identifying equivalent high-quality choices in the wider care home independent market taking and accounting for location, travel and distance.
- Financial impact of the proposals for families
- Suggested Council savings and/or efficiencies through other initiatives to help protect social care services.
- Impact of the Council no longer providing residential care for older people with dementia
- Balancing the need for financial savings and Council strategy with the human impact of the proposals
- Challenge of the report presented at Cabinet 26th September 2023 and the subsequent consultation process.

## 5 Engagement

5.1 A wide range of residents have engaged through the consultation process, including the families and representatives of existing service users, non-users and citizens with protected characteristics.

5.2 Alongside the online consultation, paper copies were provided to consultees where requested, with support provided through face-to-face drop-in sessions or telephone support to complete the consultation survey.

5.3 Drop-in sessions and focus groups to support engagement with the consultation were held. This enabled those with protected characteristics or those who did not want to engage online or were unable to, to have their voices heard.

5.4 An analysis of the views submitted by citizens and key stakeholders is highlighted in Appendix 1 – [Survey summary report](#).

5.5 Ward Councillors have also been engaged and included throughout the consultation process. This includes involvement in consultation meetings with family members, Councillor Briefings to ensure ward councillors are kept updated on progress with the consultation, specific Ward Councillor Briefing Sessions led by the Cabinet Member and Lead Council Officer held on 4<sup>th</sup> January 2024.

## 6 Options

### 6.1 Options considered.

6.1.1 To help inform the Cabinet Report, officers have considered a number of options for the Council run care homes. A summary of this information is presented below:

1. **Close both homes** (the preferred option at the start of consultation). Other providers would continue to provide dementia residential care where this is needed, whilst the council focused on supporting people at home. For people who currently live in the two homes, this would mean that alternative care and support would have to be put in place. Thorough assessments would be undertaken of each individual resident of the homes to determine their needs and how they could best be met in future. These would consider the views and preferences of the person, as well as their families, carers and where appropriate their independent advocates.

2. **Maximise bed occupancy** – this option would mean both care homes would remain open as they are now, and the council would try to ensure the homes had as few vacancies as possible by marketing them to people who pay for their own care. To ensure flexible and safe working practices we would normally aim for 95% occupancy. Nevertheless, should both homes be fully occupied the unit cost of each bed at Castle Grange/Claremont House (£1196 per bed per week) would remain above the average market rate for a dementia bed (£852.69 per bed per week). Other factors such as income through client charges were also considered in this context. The nature of charging for social care means that most current residents only pay a part of the cost of their care and so, increasing the charge would not increase the level of income received. The only potential increase in income if the Council charged more would come from those who pay the full cost of their care. This group of residents are in a minority in the care homes. Even at full occupancy, there would still be a shortfall and an increase in charging would not lead to the income levels required.
3. **Close one home/retain one and relocate all residents into the retained home** – Whilst this would maintain some stability for one home, this introduces the complexity of which home would be put forward for closure and the impact of displacement this would create for residents and families. If it was Claremont House that closed, Castle Grange would be considerably further away than many alternative independent sector providers and vice versa. It would therefore not address the concerns about not relocating residents. In addition, the current total number of residents means that some would still need an independent sector placement.
4. **Secure funding from the NHS** - Castle Grange and Claremont House are residential care homes providing long term care and support placements in a residential setting. The funding of this sort of care, whether in-house or in the independent sector is the responsibility of a local authority.

Whilst there is a tangential benefit to the NHS through the provision of high-quality residential care in that this might reduce some demand on healthcare services, the benefit is very limited and indirect. There are many services that the Council provides or commissions which could be argued as providing some benefit to the NHS through reduced demand.

The NHS can only provide funding to a care home where:

- There is provision of nursing care by a registered nurse for those assessed as eligible for NHS-funded nursing care
- Ongoing medical/health care needs provided alongside social care support for a temporary period (usually up to 4 weeks), usually following a stay in hospital, as part of intermediate care.

Castle Grange and Claremont House do not fit the above criteria and therefore legally cannot be funded via the NHS in the way Ings Grove House and Moorlands Grange are.

The Council has, additionally, raised the question of NHS funding with local NHS organisations and they have confirmed that they are not able to fund the care homes.

If an individual has eligible needs that fit the criteria for Continuing Health Care, then they may, as an individual, receive some NHS funding for the cost of some aspects of their care.

## **7 Next steps**

Cabinet to approve for Officers to formally explore the Commercial Partnership model to work with a private provider (or with a range of providers) as the delivery partner(s).

## **8 Contact officer**

Saf Bhuta

## **9 Background Papers and History of Decisions**

- Presented and approved at Cabinet 26.09.23 - [UPDATEDCabinetReport2026.09.23CHCGexitfinal2018.09BM.pdf \(kirklees.gov.uk\)](#)
- [Have your say on dementia residential homes in Kirklees consultation | Kirklees Council](#)
- Presented at Scrutiny Panel 22.11.23 - [\(Public Pack\)Agenda Document for Health and Adult Social Care Scrutiny Panel, 22/11/2023 14:00 \(kirklees.gov.uk\)](#)
- [Information for families | Kirklees Council](#) [Integrated Impact Assessments - IntegratedImpactAssessment \(kirklees.gov.uk\)](#)

## **10 Appendices**

Appendix 1 - Consultation Survey Summary Report

## **11 Contact Officer**

Saf Bhuta, Head of In-House Care Provision

## **13. Service Director responsible**

Michelle Cross, Service Director

## Appendix 1 - Survey - Summary Report

Following approval at the Cabinet meeting held on 26th September 2023, a public consultation has been undertaken on the proposals for the future of Castle Grange and Claremont House. The care home consultation was launched on 04.10.23 and ran for a period of 12 weeks with a closing date of 03.01.2024.

The consultation consisted of an online survey which asked for views on the proposals to potentially close Castle Grange and Claremont House, and to gather views on further support the council could offer residents and their families should the potential closures happen.

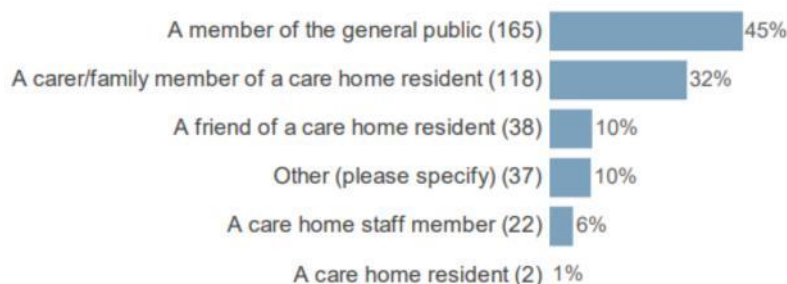
The online survey was also supported with a number of in-person one-to-one sessions which gave respondents the opportunity to complete the survey face to face.

This report shows the results of all the survey closed questions along with a discussion of a number of themes which have emerged from the open responses.

### Who has taken part?

The survey has received 366 responses – 360 online and 6 face to face. Respondents were firstly asked in what capacity they were taking part in the survey, with the ability to select more than one answer to this question:

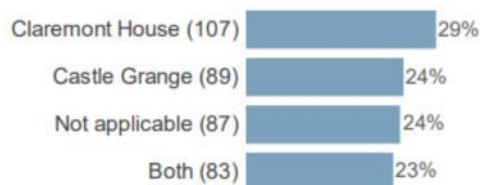
**Are you completing this questionnaire as... (Please select all that apply):**



The largest groups of responses (77%) were received from members of the public and carers/family members of a care home resident.

### **Respondents were asked which of these two care homes they either lived at, or associated with the most?**

Which of these two care homes do you live at, or associate with the most?



Over three quarters of respondents selected that they associated with at least one of the care homes with 24% selecting none were applicable.

Respondents were also asked several other demographic questions such as their age, gender, ethnicity and if they had a disability. Results of these can be seen in the appendix.

## **Respondents' understanding/agreement of the Proposal.**

Respondents were asked a series of questions to help the council better understand how much they understood/agreed with the proposals to close Castle Grange and Claremont House. None of the questions were set as mandatory so results will not always add up to the full sample size for each question.

The first question was asked to see if people taking part in the consultation had read the information available on the Kirklees website detailing the reasons for the proposals to close Castle Grange and Claremont House.

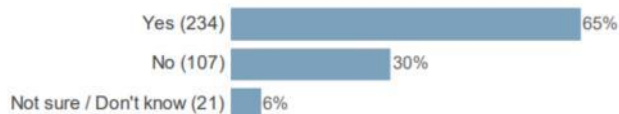
Have you read the information available on the Kirklees website detailing the reasons why we are proposing to close Castle Grange and Claremont House?



**Results showed that 97% of respondents had read the proposals with 3% selecting they had not.**

The second question was asked to see if respondents understood the reasons why Kirklees are proposing to close Castle Grange and Claremont House and to relocate residents to homes in the independent sector.

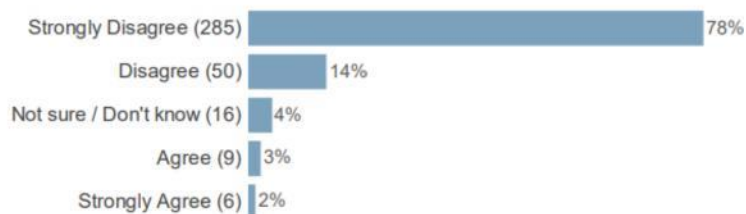
Do you understand the reasons why we are proposing to close Castle Grange and Claremont House and relocate residents to homes in the independent sector which meet their needs?



**Results showed that 65% understood the reasoning behind the proposals with almost a third saying they did not and 6% saying they were unsure.**

Respondents were then asked to what extent they agreed with the proposals.

To what extent do you agree with these proposals?



**Results showed that 92% of respondents disagreed/strongly disagreed with the proposal, 5% of respondents agreed/strongly agreed and 4% said they were unsure.**

To understand the reasons people did not agree with the proposals, respondents who had selected 'disagreed or strongly disagreed' were then asked an open question to provide their reasons for this view.

**There were 295 comments received on this question.**

The comments submitted have been reviewed and categorised based on the topic being discussed. Many of the comments received covered multiple points so cover multiple categories.

The four most common themes that were discussed amongst the comments can be categorised in the following way:

- Negative impacts on health and wellbeing of residents and their families (153)
- Accessibility/suitability of alternative specialist care (121)
- Quality of care for the residents (119)
- Current and future demand for specialist residential dementia care (75)

### **Negative impacts on health and wellbeing of residents and their families**

- Over half of the comments expressed that closing the care homes and relocating the residents would result in a direct negative impact on resident's health and wellbeing, with a number stating a move could result in their loved one's death.
- Many spoke about how people who suffer with dementia take time to settle and how a possible move would unsettle them and impact their health and wellbeing.
- Respondents also discussed how a move would affect the mental wellbeing of family members and staff with the importance of familiar relationships highlighted as an essential support for residents who suffer advanced dementia.

### **Accessibility/suitability of alternative specialist care**

This theme covered a number of accessibility/suitability issues when considering alternative specialist care which included lack of availability, concern of increasing distance and adequacy of alternative accessible care provisions.

Many people spoke about how few places at dementia specialist care homes were available for their loved ones to move to in their condition and how they were concerned that they could be moved out of the borough which would result in confusion for the residents alongside less visits for their loved ones.

Respondents mentioned they had already struggled to find any other homes when searching for a specialist care home and that closing these would result in them having to move their loved ones out of the area.

A number discussed how care at home was not an adequate option as their family members needed 24-hour care and care visits/day centres were not a suitable substitute for their care needs.

### **Quality of care for the residents**

Many people spoke positively about how the specialist care given to their family members at the 2 care homes was of high quality and how this support comforted families knowing that their loved ones were receiving the care they needed.

Concern was raised that care was not deemed of the same standard in the private/independent sector with much lower standards and poorer working conditions for staff resulting in lower levels of care provided to their residents. Several people suggested that in the private sector profits came before care.



## Current and future demand for specialist residential dementia care

Many people spoke about how dementia care homes were not only needed right now in the borough but also ongoing in supporting the aging population alongside the growth of dementia rates.

People raised concern that removing a service that was already in high demand would create a long-term problem which would also contribute to added pressure on other local health services and create future financial problems. Respondents challenged that the council should not be considering closing provision but rather that the council should be investing in more of these services for the future.

### Other topics discussed from the responses included:

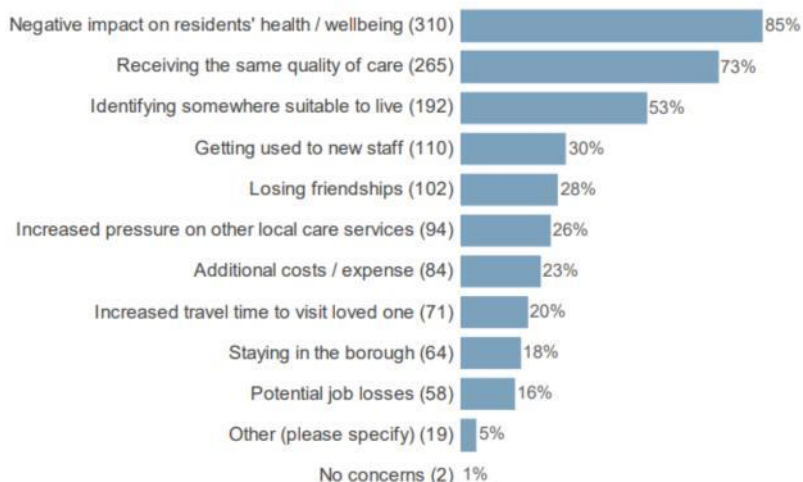
- Recognition that the council would be moving vulnerable people from their homes.
- Longer term financial implications for council and service users
- Not enough/unclear information shared regarding the proposals.
- Focus on proposals being financial rather than on impact the closures would have on individuals.
- Residents unable to speak for themselves.
- Increasing pressure on other local health care services
- Concern for job losses.

### Impact of proposed closures

All respondents were then asked a series of questions to understand the impact closing the care homes would have and what support could be put in place should the proposal go ahead.

People were firstly asked what their biggest concerns would be if they were closed. Respondents were asked to select up to 4 answers.

Which one of the following would be your biggest concerns if we closed Castle Grange and Claremont House? (You can select up to 4 answers)



Results showed that the **highest four concerns** selected from the list by people were:

- Negative impact on residents' health / wellbeing (85%)
- Receiving the same quality of care (73%)
- Identifying somewhere suitable to live (53%)
- Getting used to new staff (30%)

**Results showed that the lowest four concerns selected from the list by people were:**

- Increased travel time to visit loved one (20%)
- Staying in the borough (18%)
- Potential job losses (16%)
- No concern (1%)

There were 19 people who selected other with concern further raised for the wellbeing of the residents and their families along with asset stripping and poorer quality/availability of alternative services.

**All respondents were asked an open question to understand what support could be offered if the care homes closed.**

There were 214 comments received on this question.

The comments submitted have been reviewed and have been categorised based on the topic being discussed. Many of the comments received covered multiple points so fell into multiple categories.

A number of respondents provided written comments stating that they did not wish to comment or that they did not have relatives in the care homes so would not personally need any support.

The four most common themes discussed in this question can be categorised in the following way:

- Alternative options needed for same standard of care (53)
- Keeping the care homes open (44)
- Health and wellbeing concerns (40)
- Full support needed for transitioning each resident (17)

**Alternative options needed for same standard of care.**

The most commented upon theme in this question was from respondents who spoke about the need for the same quality of specialist dementia care for residents. People highlighted the importance of the standard of care needing to be as good if not better than the 2 care homes, whilst also staying within a close distance for friends/relatives to ensure they can continue to visit their loved ones.

Several respondents spoke about the need of ensuring no cost increases would be passed onto the residents for the same care – including moving costs or potential increases in care home fees. In order to ensure the same quality of care was provided a number of respondents suggested ensuring quality standards are fully reviewed and monitored of alternative care options. The importance of ensuring that there are enough community health care staff was also discussed. Support in the community was deemed as not appropriate or not an adequate enough replacement for the specialised care residents currently receive in the care homes.

**Keeping the care homes open**

Many respondents expressed the need to keep the care homes open and that closing them was not an option, with some suggesting at least one should remain open.

Several spoke about how no support other than keeping the homes open would help the residents and their families with this stage of their care needs.

A suggestion was made to open up respite care and fully opening the homes to help them run at a profit.

## Health and wellbeing concerns

Many comments were received highlighting the effect that the closures would have on the resident's health and wellbeing with the worry of impending mortality raised by a number of family members.

Several spoke about the importance of familiarity and relationships with dementia sufferers and how moving them would significantly impact their health. A number of people suggested keeping residents and staff together was important in any potential move to help mitigate the negative impacts on the resident's wellbeing.

It was also suggested that those making the decision need to have a clearer understanding of the direct impact of moving dementia patients who are fully settled and the effect this would have on their health and wellbeing.

## Full support for transitioning each resident.

Ensuring social workers have enough time to do a proper care and risk assessment to make sure alternatives meet the resident's care needs was raised in a number of comments.

Respondents expressed how important it was to have enough time and choices to support them with their loved one's potential moves should the proposal go ahead.

Other themes discussed in the comments included:

- Supporting the family of loved ones in the homes
- No increase in costs to residents
- Keep residents/staff together.
- Council needs to provide support options.

**The final question asked what other care services would benefit them in the future. Respondents were able to select as many as applied.**

**What other care services do you feel would benefit you / your community in future?  
(Please select all that apply)**

248 (77%)	Residential care
109 (34%)	Reablement (this is a short term intervention provided by the council to help people over 18 rebuild their skills, abilities and confidence)
85 (26%)	Assistive technology (sensors and alarms)
137 (42%)	Home Care
173 (54%)	Dementia Day Services
88 (27%)	Independent Sector (Residential and Nursing Care)
47 (15%)	Other (please specify)
	Please specify:
41 (100%)	

**The highest three selected by respondents were:**

- Residential care (77%)
- Dementia day services (54%)
- Home care (42%)

**The lowest three selected by respondents were:**

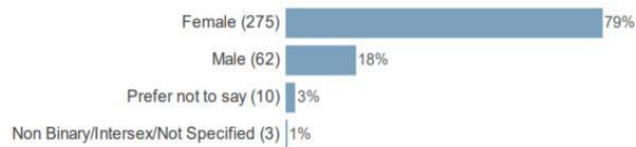
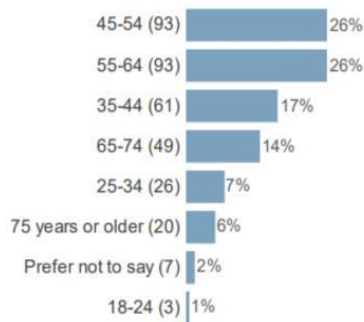
- Reablement (34%)
- Independent sector (Residential and Nursing Care) (27%)
- Assistive technology (sensors and alarms) (26%)

Those who selected other mentioned keeping them open, respite care, specialised dementia residential care, volunteer befriending, direct payment, assisted living and home care.

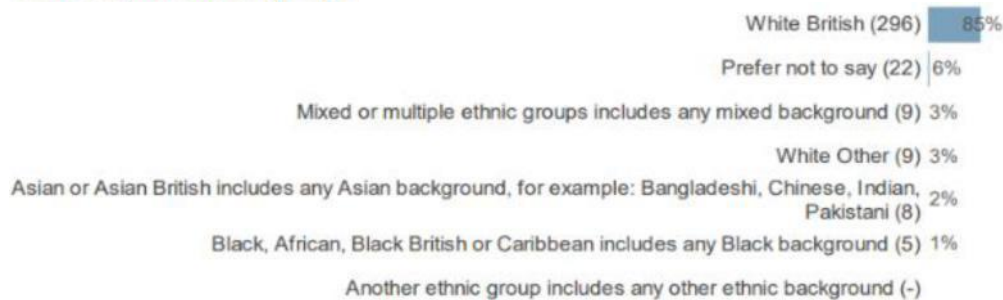
**Demographics of respondents.**

Which age category do you fall into?

Are you...



What is your ethnic group?





**REPORT TITLE: Preparation for Care Quality Commission Inspections**

<b>Meeting:</b>	<b>Health and Social Care Scrutiny Panel</b>
<b>Date:</b>	<b>28<sup>th</sup> February 2024</b>
<b>Cabinet Member (if applicable)</b>	<b>Cllr Jackie Ramsay</b>
<b>Key Decision Eligible for Call In</b>	<b>No Yes</b>
<p><b>Purpose of Report: To present and update and assure the Scrutiny Panel on how Adults and Health are preparing for CQC inspection to include the following:</b></p> <ul style="list-style-type: none"> <li>• The Council's approach to preparing for the CQC inspections</li> <li>• To consider the new CQC inspection areas of responsibility to understand the assurance regime</li> <li>• To look at emerging themes and outcomes from the CQC pilot inspection sites.</li> <li>• To receive details of the broader range of changes that the Council is developing to improve the social care offer</li> </ul>	
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• That the Scrutiny Panel notes the CQC preparations made to date</li> <li>• That the Scrutiny Panel receives the working draft of the self-assessment and where key developments have been highlighted</li> <li>• That the Scrutiny Panel notes the links between CQC preparedness and the Adults and Health Change Programme and will consider receiving further updates on both</li> </ul> <p><b>Reasons for Recommendations</b></p> <ul style="list-style-type: none"> <li>• To ensure that the Scrutiny Panel are kept abreast of the rolling programme of CQC inspections.</li> <li>• So that the Scrutiny Panel are cited on the plans for the Adults and Health Change Programme and workstreams which will improve the social care offer in Kirklees</li> </ul>	
<p><b>Resource Implications:</b></p> <ul style="list-style-type: none"> <li>• None attached to preparing for CQC</li> <li>• The Change Programme has received additional resource agreed by the Council's Executive Leadership Team to enable Adults and Health to achieve the savings identified</li> </ul>	
<p><b>Date signed off by <u>Strategic Director</u> &amp; name</b></p> <p><b>Is it also signed off by the Service Director for Finance?</b></p>	<p><b>Give name and date for Cabinet / Scrutiny reports</b> Richard Parry – Strategic Director for Adults and Health</p> <p><b>Give name and date for Cabinet reports</b> N/A</p> <p><b>Give name and date for Cabinet reports</b></p>

<b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	N/A
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**Electoral wards affected:**

- Preparing for CQC inspection will not affect Electoral Wards
- The development plan connected with the Adults and Health Vision refresh, CQC self-assessment and the Change Programme will hopefully lead to improvements across Adults and Health that will benefit all Kirklees service users, their carers and families.

**Ward councillors consulted:**

**No**

**Public or private: Public**

**Has GDPR been considered? Yes**

**1. Executive Summary**

Adults and Health will present an update on how we are preparing for CQC inspections and how this links to the Council’s Vision for Adults and Health refresh and the plans for a wider Change Programme over 2024/25.

**2. Information required to take a decision**

This session is intended to provide assurance and update for Scrutiny on the above so no decision is required.

**3. Implications for the Council**

The biggest implications for the Council are the resources required to continually keep momentum and be in a ‘ready’ state for when we receive notification from the CQC. Once the call comes in, we will need some support from corporate enablers, such as BI and Finance to be able to submit the evidence/data they will require. With regards to the Change Programme, a separate Board has been established which will be chaired by the Chief Executive, with the Director of Adults and Health being the Senior Responsible Officer so that any interdependencies that might affect other Council areas can be identified and monitored.

**3.1 Working with People**

As part of CQC preparedness, we have updated a number of groups of service users and gained their feedback on the self-assessment, as well as undertaking a number of surveys to glean further insight. This has included the Co-Production Board, the Carers Network and the Provider Forum. We also have a comprehensive Communications Plan to ensure that we can successfully get key messages out on a rolling basis.

**3.2 Working with Partners**

As above, we have engaged with a number of Boards and forums (such as the Transfer of Care Strategic Group, Kirklees Safeguarding Adults Board, the ICB’s Senior Leadership Team) to ensure that partners are cited on our plans and some partners will have the opportunity to feed into some of the workstreams that are currently being established around the Change Programme.

**3.3 Place Based Working**

The Change Programme will consider place based working, particularly around the preventative and community offer.

**3.4 Climate Change and Air Quality  
N/A**

**3.5 Improving outcomes for children**

Whilst CQC is around assessing Adults and Health's effectiveness in discharging their duties under the Care Act, we also aim to take a whole family approach and have a specific programme of work to improve transitions. We also look at the Learning and Development offer to ensure there are linkages between Adults and Children's directorates.

**3.6 Financial Implications**

None attached to preparing for CQC.

The Change Programme has received additional resource agreed by the Council's Executive Leadership Team to enable Adults and Health to achieve the savings identified.

**3.7 Legal Implications**

None - Legal were heavily involved in the diagnostic work and proposals for the Change Programme.

**3.8 Other (eg Risk, Integrated Impact Assessment or Human Resources)**

Risks regarding CQC will be around managing the outcome determined by them. As with Ofsted, if a rating is deemed to be 'inadequate' or 'requires improvement' we will be subject to developing a plan around this which could be monitored by the DHSC.

All risks around the Change Programme will be identified through the undertaking of Integrated Impact Assessments for each of the workstreams.

**4. Consultation**

This is not a consultation exercise as CQC inspection is now a statutory duty under the Health and Care Act.

**5. Engagement**

Council's Executive Leadership Team, Corporate Enablers, All Adults and Health Senior Management Team and staff, Partners and some Service User Groups to date, with more being planned as part of the overall directorate Communications Plan.

**6. Options**

None - as per point 4 above

**6.1 Options considered**

None - as per point 4 above

**6.2 Reasons for recommended option**

N/A

**7. Next steps and timelines**

Adults and Health will continue to prepare for notification from the CQC on an ongoing basis. The Change Programme is currently being scoped out for 2024/25 and progress

will be monitored through the Change Programme Board, chaired by the Council's Chief Executive.

**8. Contact officer**

Cath Simms – Service Director for Adult Social Care Operations

Alexia Gray – Head of Quality, Standards and Safeguarding Partnerships

**9. Background Papers and History of Decisions**

- A previous update on preparing for CQC was presented at a Health and Social Care Shadow Cabinet and Scrutiny Chair Briefing on 23<sup>rd</sup> October 2023
- A comprehensive update on Adults and Health Vision refresh, CQC and Change Programme was received by Cabinet on 21<sup>st</sup> December 2023
- Portfolio Holder Briefing on 22<sup>nd</sup> January 2024 and 19<sup>th</sup> February 2024

**10. Appendices**

None

**11. Service Director responsible**

**Cath Simms – Service Director for Adult Social Care Operations**





# Health and Adults Social Care Scrutiny Panel

28<sup>th</sup> February 2024





# CQC Update



# CQC Assurance

The Health and Care Act 2022 put CQC assessment of local authorities on a statutory footing including:

- Implementing an adult social care data framework to improve the quality and availability of data nationally, regionally and locally.
- A duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in delivering their adult social care duties.
- New legal powers for the Secretary of State to intervene in local authorities to secure improvement.



# Themes & Quality Statements

- The focus of local authority assessments will be across four themes and nine quality statements:

Themes	Theme 1: Working with people	Theme 2: Providing support	Theme 3: Ensuring safety	Theme 4: Leadership and workforce
Quality Statements	Assessing needs	Care provision, integration and continuity	Safe systems, pathways and transitions	Governance, management and sustainability
	Supporting people to live healthier lives	Partnerships and communities	Safeguarding (including the Board)	Learning, improvement and innovation
	Equity in experience and outcomes			



# Inspection outcome determined by:



# CQC Approach

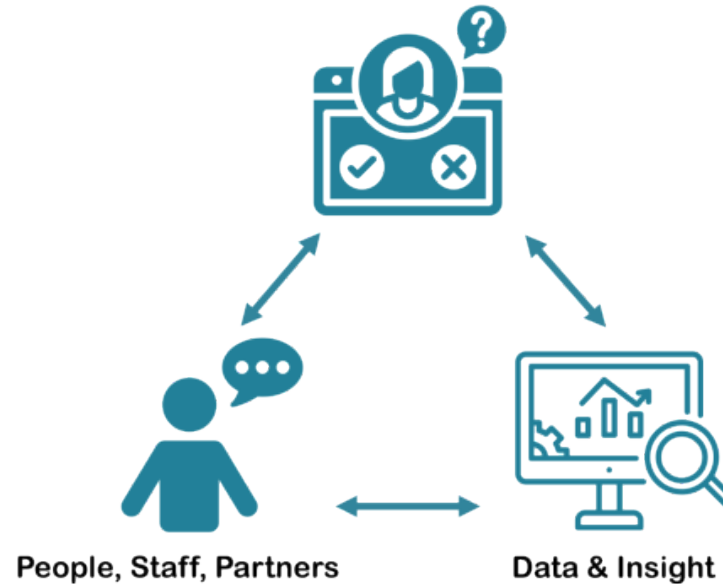
## PREPARATION WORK

- Go plan - 8 weeks
- Comms and engagement
- Inspection support
- Submission of documents
- Case file selection
- Onsite timetable

## EVIDENCE AND IMPROVEMENT

- Local Account
- Self-Assessment / Evidence Library
- Vision
- Vision Delivery Plan
- Audit Programme & Learning
- Quality Assurance Framework

What we know about ourselves



## VOICE OF LIVED EXPERIENCE, SHAPING AND FEEDBACK

- Storyboards
- Co-Production
- Service User Voice
- Provider Voice
- Staff Voice
- High fives
- Case Studies

## POLICY, PROCEDURE AND PERFORMANCE

- Client Level Data
- ASCOF
- CQC Info Return
- Performance Reports
- Policy
- Procedures
- IT Systems

# Timetable

## April – September 2023

- Five volunteer pilot sites inspected: Birmingham, Lincolnshire, North Lincolnshire, Nottingham, Suffolk

## September – December 2023

- Feedback from the pilots
- CQC reflection on approach and review of statements if required

## January 2024– April 2024

- To inspect another 20 Local Authorities - rolling out notification to three LAs per week with 3 x pre-Christmas being Hounslow, W. Berkshire, and Hertfordshire. W/C 31/01/24, another 7 LAs notified (Durham, Derbyshire, Derby, Harrow, Bracknell Forest, Windsor & Maidenhead and Brent)
- Kirklees Adults and Health Services could receive notification of inspection anytime from January 2024 (approx. 8 week notice period of inspection).
- Not clear yet how frequently the CQC will be scheduling inspections, nor whether times such as the election period and school holidays will be taken into account.



# How did the pilots score?

		Birmingham	Lincolnshire	North Lincolnshire	Nottingham	Suffolk
<b>Overall</b>		<b>Good</b>	<b>Good</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Good</b>
Theme 1 - Working with People	Assessing needs	Some shortfalls	Good	Good	Some shortfalls	Some shortfalls
	Supporting people to live healthier lives	Good	Good	Good	Some shortfalls	Good
	Equity in experiences and outcomes	Good	Good	Some shortfalls	Some shortfalls	Some shortfalls
Theme 2 - Providing Support	Care provision, integration and continuity	Good	Good	Good	Good	Good
	Partnerships and communities	Good	Good	Good	Some shortfalls	Good
Theme 3 - Ensuring Safety	Safe systems, pathways and transitions	Some shortfalls	Good	Good	Some shortfalls	Some shortfalls
	Safeguarding	Some shortfalls	Good	Good	Good	Good
Theme 4 - Leadership	Governance, management and sustainability	Good	Good	Good	Some shortfalls	Good
	Learning, improvement and innovation	Good	Good	Good	Good	Good





# Inspection visit - Who they might want to see:

- Chief Executive
- DASS
- Portfolio Holder
- Health and Wellbeing Board Chair
- Chair of KSAB
- Consultant Public Health
- Principal Social Worker
- Place ICB Chair
- Shadow Cabinet Member

- Service users
- Carers
- Staff networks
- Children & Families services
- NHS Partners
- Care Providers
- Care Association
- Police
  
- Multiple focus groups with staff teams (expected to be 6-8 per group)



## Focus of inspection in the pilots:

- AMHP Team
- Assessment Teams
- Brokerage/ Support Options
- Carer's Services
- Commissioning & Provider development
- Contact Centre/ Front Door
- Early Help & Prevention
- Independent Living Team
- Integrated Discharge
- Learning Disability Hub
- Out of Hours
- Quality & Contracting
- Safeguarding
- Transitions/ SAPT



# Overall, what did the inspectors find in the pilots?

## Positive Findings

- ✓ Prevention approaches
- ✓ Developing people's own skills to prevent or delay services
- ✓ Good use of community assets
- ✓ Open cultures
- ✓ Effective performance management
- ✓ Fully embedded strength-based working
- ✓ Focusses on partnership working
- ✓ Effective integrated teams and work
- ✓ Passion about supporting people to deliver outcomes
- ✓ Good range of support
- ✓ Research informed practice
- ✓ Sharing of learning from cases

## Areas of Concern

- ✗ Stories during inspection and the data didn't match
- ✗ The impact of delays and waiting lists, and lack of communication, was affecting people
- ✗ Co-production effectively involved people, but it was inconsistent.
- ✗ Poor access to information and people - navigating council websites was not easy for people.
- ✗ Gaps around seldom heard voices
- ✗ Understanding of inequalities
- ✗ Pressures around high case loads
- ✗ Gaps in pathways
- ✗ Inconsistent ways of working
- ✗ Recruitment challenges



Our progress –

Work so far and next steps



# Work so far: Governance, Support & Self-Assessment

- Governance structures developed for CQC Assurance work, including establishing a CQC Assurance Board chaired by Service Directors for escalation and decisions, and a CQC Project Group to oversee the required tasks.
- Go plan developed – first iteration to prepare from the day that the inspection is announced to the de-briefing after inspection.
- Linked in with regional and national networks e.g. ADASS to conduct peer reviews and case file audits, and to receive feedback from pilot sites.
- Self-assessment checklist used against the 94 ADASS statements to decide where we score ourselves (ranging from strongly agree to strongly disagree).
- Evidence for each statement collated and CQC document library introduced.
- Self-assessment working draft prepared for ongoing amendment as work progresses, including complementing the new Change Programme as far as possible. Plans being made to share the self-assessment.



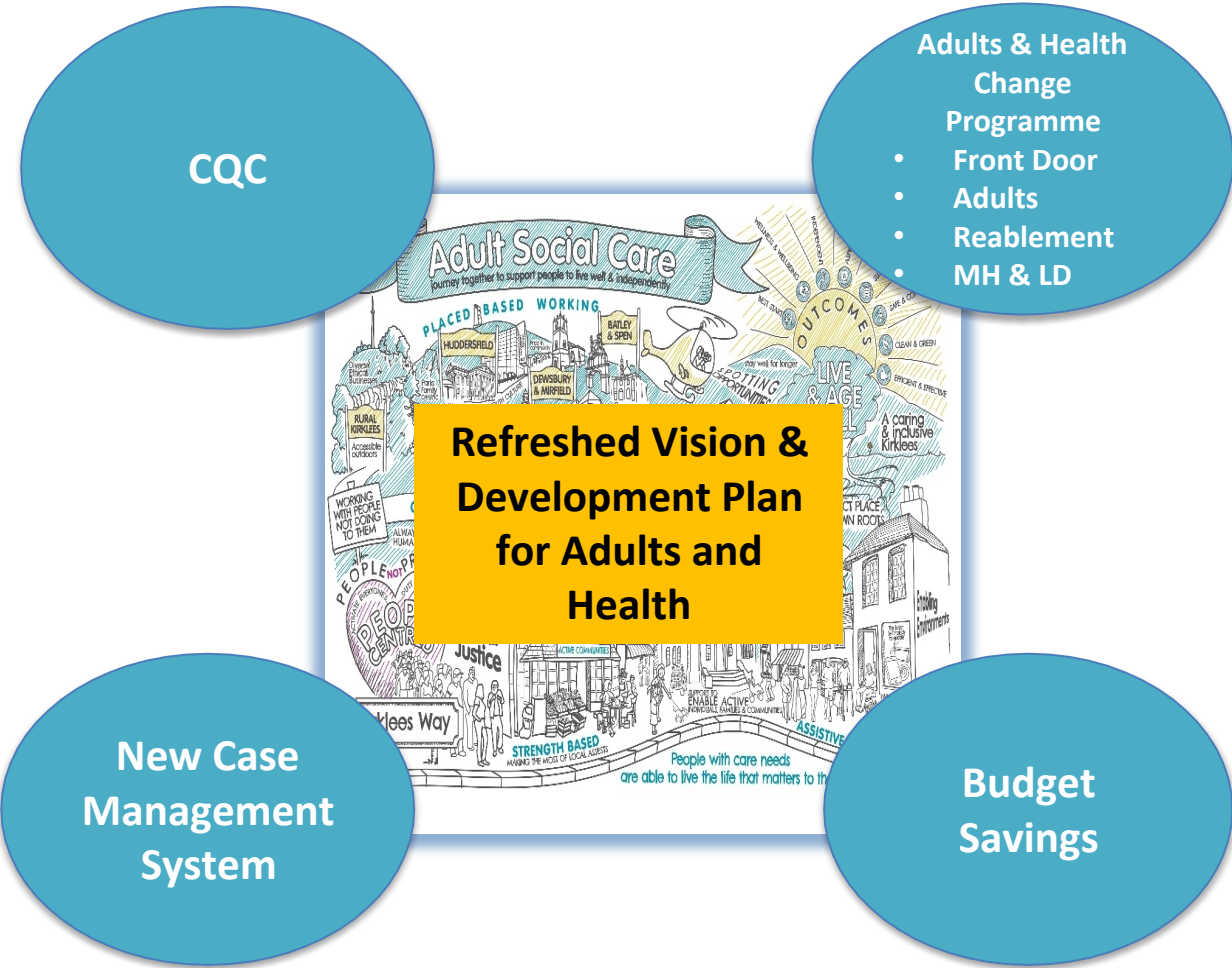
# Work so far: Building messaging and communications

- Linking the CQC statements to the current Adult Social Care Vision for Kirklees (see next slide).
- Dataset for CQC developed with Data and Intelligence team and potential outliers identified.
- Case studies gathered from teams, building the evidence log and supporting staff engagement.
- Team profiles and structures collated to show governance arrangements, purpose, priorities, challenges, and what they are most proud of.
- Communications plan in place as part of the Directorate Communications Plan. Monthly checklists being used to monitor communications. This includes communications with all stakeholders, including a weekly newsletter for all Adults and Health staff, and attendance of stakeholder forum meetings.



# Linking everything together:

Vision	CQC		
Working with people to meet their care needs	Quality statement 1: Assessing needs		
Creating resilient and caring communities	Quality statement 2: Supporting people to live healthier lives		
Co-Producing support to maximise independence	Quality statement 3: Equity in experiences and outcomes		
Minimising the effects of people's needs getting worse	Quality statement 4: Care provision, integration and continuity		
Supporting people to stay safe	Quality statement 6: Safe systems, pathways and transitions	Quality statement 7: Safeguarding	
Working the Kirklees Way	Quality statement 5: Partnerships and communities	Quality statement 8: Governance, management and sustainability	Quality statement 9: Learning, improvement and innovation



## Next steps: Identifying the opportunities, building momentum

- Draft and prioritise the elements of a development plan including all the feedback from self-assessment, stakeholders, and staff. Ensure that this is in line with the proposed Adults and Health change programme.
- Include intelligence from pilots in the development plan and preparation.
- Undertake further analysis with Data and Insight colleagues to understand any outliers in data and make sure that work is in place to tackle any data/practice issues or to explain the reasoning behind the Kirklees picture.
- Continued communications, including sharing the draft self-assessment with partners.
- Planning for further sessions with Directors and Service Directors in preparation for inspection.



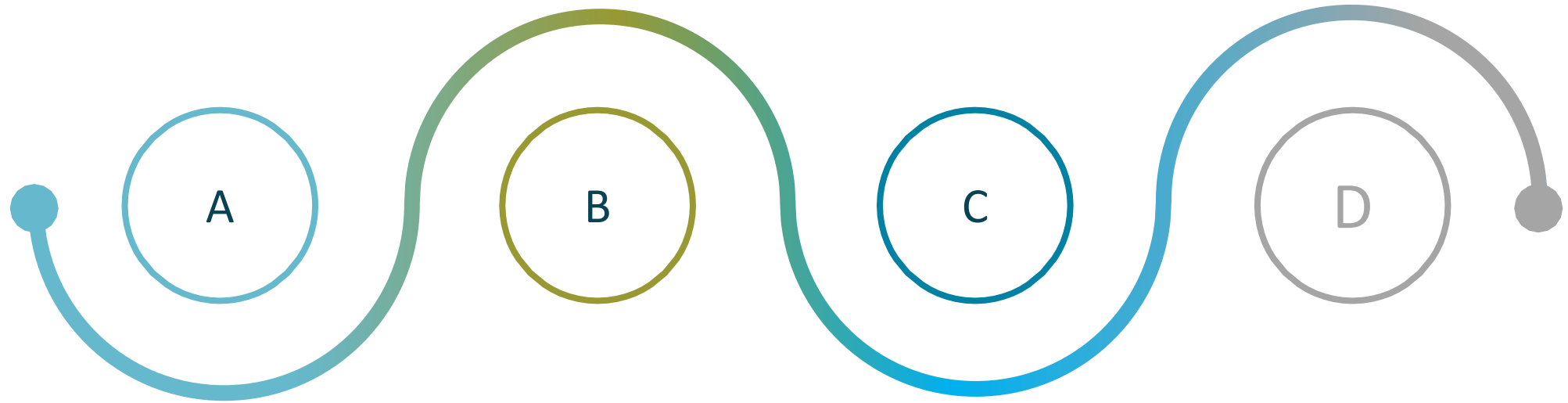


## Next steps: Keeping the activity live

- Further prepare staff further for inspection – team meeting briefings, mock interviews, continued population of shared Directorate Teams site with relevant guidance and information.
- Support those who may be interviewed i.e. partners, carers, and people needing care and support services for inspection – briefing notes and meetings.
- Put arrangements in place to keep all case studies, evidence, and self-assessment/ development plans current for inspection at any time both before and after our first inspection.
- Consideration of case selection methods for submission for the external audit.



# Emerging - Development Plan Themes:



## Development and Innovation

How we work with people, service users, partners and providers to deliver the best for Kirklees

## Ways of working

Having the skilled workforce, recognition, approaches, development opportunities, systems, and leadership across our work.

## Communicating

How we tell people about our approaches and plan, how we tell people about Kirklees and its services in a way that suits them, how we share our learning and practice.

## Knowing its working

How we understand and acknowledge if we are supported our whole population and making the difference to people's lives.



# Challenges:

- Introduction of new Integrated Case Management System (Mosaic) – due to go live 26 February 2024. High numbers of staff currently involved in testing and training in readiness. We need data transfer to be smooth and to go to plan.
- Current financial position and staffing capacity required in further preparation for inspection.
- Scale of delivering the development plan alongside the new Adults and Health Change Programme – alignment of workstreams and priorities.
- Winter pressures – it would add additional pressure if the call was to come over this period.
- Keeping the momentum of interest and understanding of CQC in partners, staff, and leaders, bearing in mind that inspection may not take place for 12 months.
- External influences such as an impending general election which could lead to a revised focus on social care reform (including implementing the charging elements which were deferred)





# Adults and Health Change Programme



# Vision led practice change – pre COVID19

- Pre-pandemic the directorate had adopted a strength-based approach to care and support planning, review and assessment.
- Utilising local expertise around community-based solutions.
- Plans were underway to develop more assets in local areas that were more accessible to those with a care or support need.
- Our Front Door and Community Plus offer was focussed on prevention, wellbeing and more creative thinking around problems that people presented to the service.
- In acute settings discharges were periodically under pressure but there was capacity in health and social care to find the right out of hospital support for people.
- People were involved in co-production and shaping services with those accessing them.
- The Council had identified the need for a substantial expansion in Extra Care Housing to reduce reliance on residential care.



# Pandemic Impact & Reset

- Once the pandemic hit the pace of hospital discharge grew rapidly as did the use of discharge beds in care homes.
- The pandemic deconditioned a cohort of people, in Kirklees it is estimated:
  - 13,600 older people are less steady on their feet since the start of the pandemic.
  - An additional 3,600 older people are no longer able to manage basic daily living or personal care tasks in the way that they previously could.
  - 16,000 older carers were less confident letting paid professionals into their home since the start of the pandemic.
  - 12,000 carers cannot walk as far or are feeling more pain since the pandemic.
- We shifted to a problem fixing mode rather than a more co-productive strength-based conversation, which has led to some overprovision.
- The community opportunities available to people ceased to operate or operated in a very different way which meant accessibility issues for some.
- The impact was compounded by other pressures such as the uncertainty around social care reform, delays in housing development and work with the provider market.
- Many councils are needing to undertake significant change programmes as they have been affected by similar changes, alongside other pressures.



# External view of us - Diagnostic

- The primary objective of the diagnostic was to understand how we can improve outcomes for residents within Kirklees.
- The scope and activity of the diagnostic was based around the Council's Vision for Adult Social Care with our residents at the heart.
- It has been triangulated with initial feedback from the Peer Challenge that had to be cancelled and conversations with other councils.
- We are facing several challenges as a directorate including the prospect of reform, demographic pressure, the cost-of-living impact and the national workforce challenges.
- The diagnostic provides an objective analysis of the greatest opportunities to support better outcomes for our residents and safeguard the Council's limited financial resources.
- It also developed a set of implementation plans, including the capacity and resource needed across the Council to successfully deliver and embed change.



# Our approach to change to 2024/25

Our diagnostic led implementation approach will focus on the vision including maximising independence, keeping people living well in their own homes and communities in order that we can live within our financial means, based on four interdependent workstreams:

The Front Door	Adults	Reablement	LD & MH
Drive more strength-based decision making, collaborating effectively with our community services and reduce internal demand on the team	Fully utilising our existing capacity, refocus on community referrals as well as discharge pathways to support more people and aligning our processes to best practice	Strengthening our decision-making, collaborating with community services and streamlining our own systems to deliver more independent outcomes to our older residents	Challenging our mindset and model around progression, enabling creative and strengths-focussed decision making, utilising enabling services and ensuring we have an effective transitions pathway

- Providing as much information and process as possible in self-serve format.
- Strengths based practice is robustly deployed.
- Effective resolution at the front door.
- A more diverse community asset, care and housing offer.
- Increasing the numbers of people benefitting from wellbeing and preventative services.
- Increasing reablement access particularly more widely than hospital charge.
- Maximise the use of technology, adaptations to people's homes and equipment.
- Through new data intelligence products and systems staff, have effective data and tools that support performance and productivity increases.
- Re-invigorating work around Transitions from Children's Services and specific transformation in Mental Health and Learning Disability services.





# Programme Design Principles

- 1. Designed by staff. Led by managers. Enabled by leaders.** All with a shared understanding of and commitment to the goal.
- 2. Data and evidence led.** Well-defined KPIs guide the process of designing and trialling solutions. Avoid the temptation to measure success by inputs.
- 3. Effective governance** that holds people to account, actively drives progress and keeps us focus on the ambition, without emergent work interfering with it.
- 4. Best in class & innovative.** We'll utilise sector best practice and innovate beyond where appropriate. Use digital tools when it enables services to accelerate our improvement.
- 5. Pragmatic.** Balancing ambition and transformation with the reality of the day-to-day pressures that we face operationally.
- 6. Future focussed.** Solutions should look at not just the challenges faced by the system now, but the future to ensure that our services are sustainable.
- 7. Person led; outcome focussed.** Understanding what residents want and working with them to respectfully work towards outcomes that maximise their independence and quality of life – never leading with statutory services.
- 8. Partnership working.** Working closely and collaboratively with all our stakeholders to ensure that the Council's Change Programme impacts positively and enhances other wider system changes
- 9. Winning & Losing Together.** Being willing to fail, testing until we get it right and not jumping to solutions or a single-minded focus on proving a theory.
- 10. Challenge conventions:** approaches, processes, structures, ways of working.
- 11. Community co-production.** Working with communities and our services users, carers and community leaders to help develop the communities our people live in.
- 12. Pace.** We work and deliver at pace to have the biggest impact we can in the shortest timescales possible.
- 13. One change.** We have multiple programmes of change happening including CQC assurance and ICMS; we will align these into one coherent package of change for people.



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**REPORT TITLE: Kirklees Safeguarding Adults Board Report 2022/23.**

<b>Meeting:</b>	Health and Adult Social Care Scrutiny Panel
<b>Date:</b>	28 <sup>th</sup> February 2024
<b>Cabinet Member</b> (if applicable)	Cllr Jackie Ramsey, Portfolio Holder for Health and Care
<b>Key Decision Eligible for Call In</b>	N/A
<b>Purpose of Report</b>	
To present the 2022/2023 Kirklees Safeguarding Adults Board Annual Report.	
<b>Summary</b>	
<p>The Care Act of 2014 placed a Statutory duty on all Safeguarding Adults Boards in England to produce an annual report on its work for the previous year.</p> <p>It is presented here for Scrutiny Panel to note.</p> <p>The Annual report explains:</p> <ul style="list-style-type: none"> <li>• what the Safeguarding Adults Board has done during the last year to achieve its objectives, and its Strategic Plan.</li> <li>• what each agency represented on the Board has done during the last year to implement the Board’s Strategic Plan.</li> <li>• The conclusions and recommendations of each review commissioned under section 44 of the Safeguarding Act (safeguarding adults reviews) which concluded in that year.</li> </ul>	
<b>Resource Implications:</b>	
N/A	
<p><b>Date signed off by <u>Strategic Director</u> &amp; name</b> Richard Parry</p> <p><b>Is it also signed off by the Service Director for Finance?</b> N/A</p> <p><b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b> N/A</p>	<p><b>Give name and date for Cabinet / Scrutiny reports</b></p> <p><b>Give name and date for Cabinet reports</b> Send to this officer on every occasion*</p> <p><b>Give name and date for Cabinet reports</b> Send to this officer on every occasion*</p>

**Electoral wards affected:** All

**Ward councillors consulted:** Consultation with Ward Councillors is not applicable to this report

**Public or private:** Public

**Has GDPR been considered?**

**1. Executive Summary**

Not applicable

**2. Information required to take a decision**

The KSAB Annual Report is being presented for information.

**3. Implications for the Council**

**3.1 Working with People**

Not Applicable

**3.2 Working with Partners**

Not Applicable

**3.3 Place Based Working**

Not Applicable

**3.4 Climate Change and Air Quality**

Not Applicable

**3.5 Improving outcomes for children**

Not Applicable

**3.6 Financial Implications**

Not Applicable

**3.7 Legal Implications**

Not Applicable

**3.8 Other (eg Risk, Integrated Impact Assessment or Human Resources)**

Not Applicable

**4. Consultation**

Not Applicable

**5. Engagement**

Not Applicable

**6. Options**

**6.1 Options considered**

Not Applicable

**6.2 Reasons for recommended option**

That the 2022/2023 Kirklees Safeguarding Adults Board Annual Report be received

7. **Next steps and timelines**  
Not applicable.
8. **Contact officer**  
Robert McCulloch-Graham, Independent Chair, Kirklees Safeguarding Adults Board.
9. **Background Papers and History of Decisions**  
Not applicable
10. **Appendices**
11. **Service Director responsible**  
Cath Simms, Service Director for Adult Social Care Operations, 01484 221000  
[Cath.Simms@kirklees.gov.uk](mailto:Cath.Simms@kirklees.gov.uk)

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# Kirklees Safeguarding Adults Board

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ANNUAL REPORT 2022-2023

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# Introducing our 2022-2023 Annual Report



## **A Message from Rob McCulloch-Graham Safeguarding Adults Board - Independent Chair**

As the Independent Chair of the Kirklees Safeguarding Adults Board, I would like to thank you for your interest in Safeguarding across our communities. I hope this annual report of the partnership serves its purpose of bringing to life the work and efforts of all our services in protecting the lives of our most vulnerable people.

We remain in very difficult and challenging times. We have the continued pressure of a pandemic which refuses to end, a war in Europe, and this coupled with a national economic crisis that is severely impacting locally on our already most challenged communities.

Our public sector and third sector colleagues have been operating at full peak without respite now for over three years, and yet they continue to achieve, serve, and protect.

During the last year the Board has witnessed the efforts made by individual services and jointly as an effective and mature partnership. It has been a very real privilege, to hear from individual practitioners, their stories of the people and families they have safeguarded. These real events within our population make clear the challenges and threats that exist today in our localities. They also evidence an equally real, level of compassion and expertise across our partner agencies.

When we see media reports of abuse against our most vulnerable citizens, anyone would be forgiven for being despondent and fatalistic. What the Board, over the last year, has seen and heard, through reports, audits, and the stories of cases, however, gives us a very real sense of hope and confidence that we are winning the battle. Whilst we might never, eradicate abuse, we are lessening its frequency, and ameliorating the impact of those challenges on our communities.

The report that follows, tells some of that story.

These pressures are not expected to wane in this forthcoming year. We can however take assurance that the commitment, efforts, and determination of our staff, will ensure that safeguarding our most vulnerable people from risk, will remain the business of us all.

Kind regards,

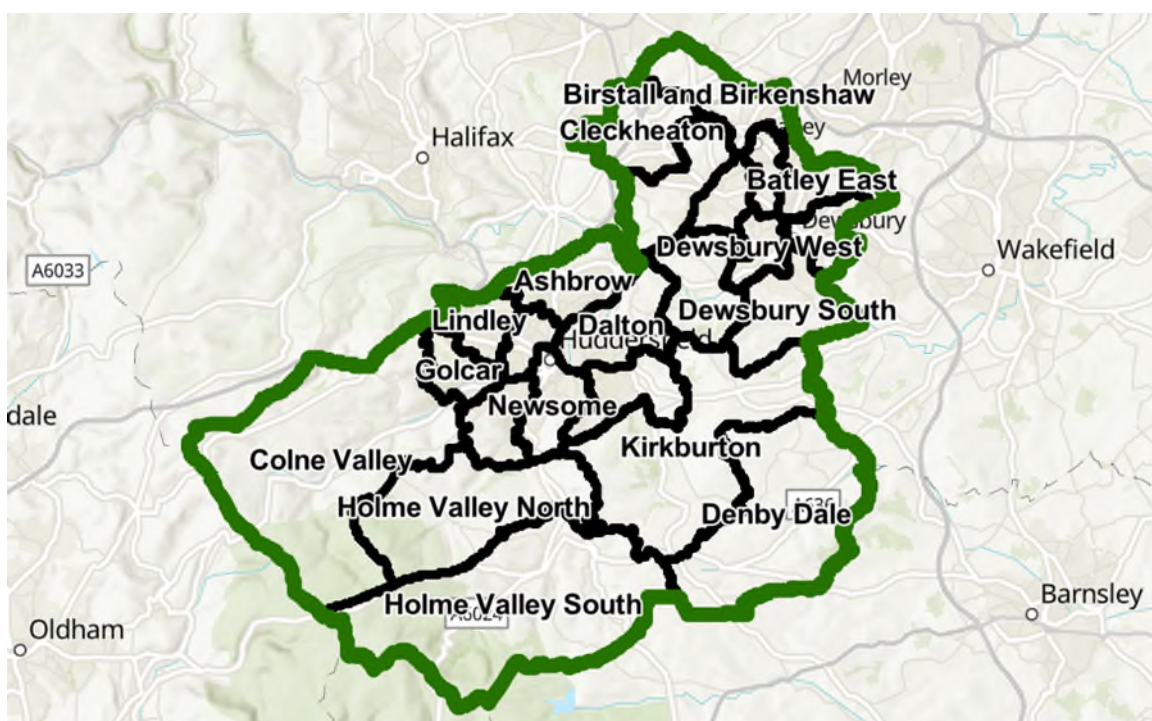
A handwritten signature in black ink, appearing to be 'R. McCulloch-Graham', written in a cursive style.

Rob McCulloch-Graham, Independent Chair

# Talking about Kirklees

There are a number of significant factors affecting local health and wellbeing of people living in Kirklees. These include the economic challenges facing the country and the impact on those who are more vulnerable, the increasing numbers of older people and their needs for care and support. 1 in 6 adults in Kirklees are also carers.

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



At the heart of both is the commitment to achieve a shared aim, that, ‘No matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality’.

It aims for people to have control and manage life challenges, be resilient and feel connected to others, and for them to 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.

<p>12.2% (53,000) of people in Kirklees live in neighbourhoods among the top 10% most deprived in England (Index of Multiple Deprivation 2019).</p>	<p>14.3% (61,900) of people in Kirklees are income deprived (Indices of Multiple Deprivation 2019).</p>	<p>14.9% (14,300) of people aged 60 and over in Kirklees are income deprived (Indices of Multiple Deprivation 2019).</p>
<p>16.2% (43,608) of people aged 16 to 64 in Kirklees are claiming Universal Credit</p>	<p>There are 24,705 Personal Independence Payments (PIP) cases with entitlement in Kirklees which amounts to 7.1% of people aged 16 and over. In addition, there are 4,030 Disability Living Allowance claimants aged 16 and over (1.2%, Nov 2022).</p>	<p>11.4% (8,818) people of pensionable age claim Attendance Allowance (November 2022).</p>

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”.

# Our vision and our role

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.

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.

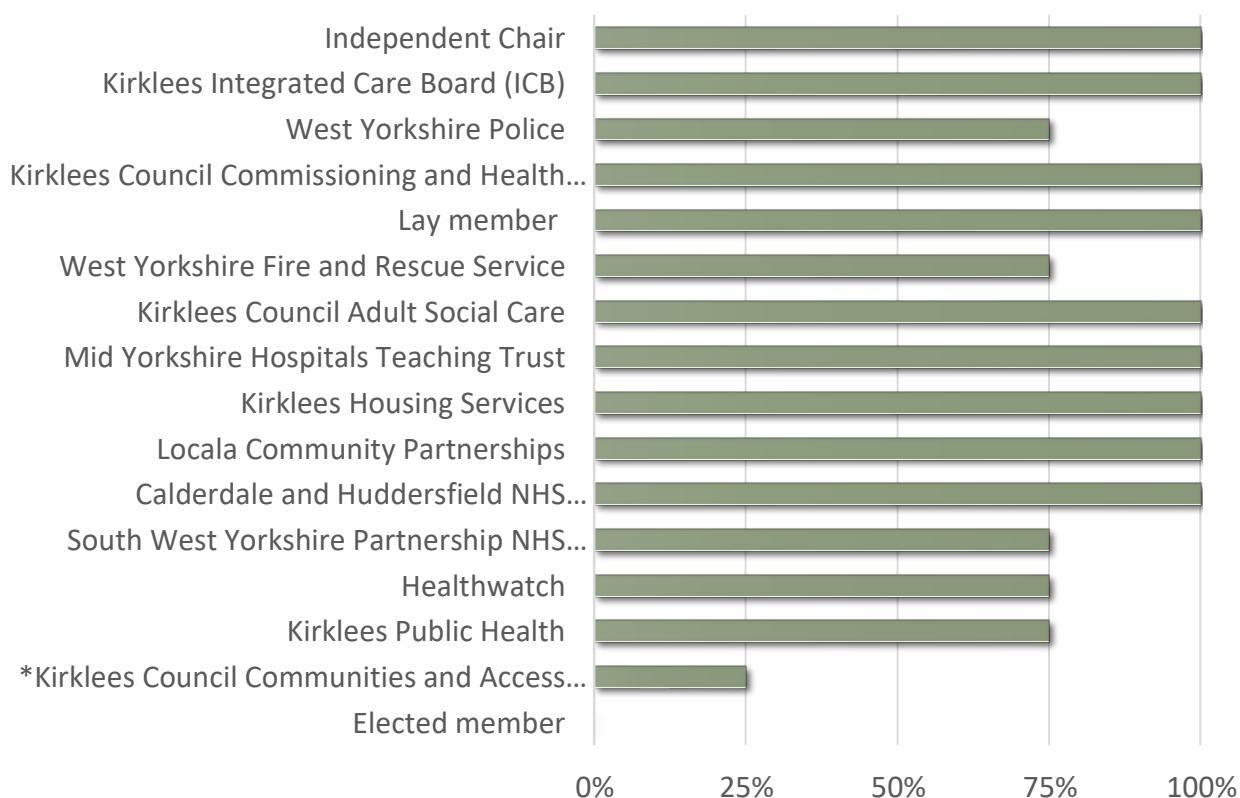
Our vision is 'To work together to take action to keep the people of Kirklees safe from abuse and neglect - putting people at the heart of everything we do'. We will work to the recognised six safeguarding principles:

<b>Empowerment</b>	People being supported and encouraged to make their own decisions and give informed consent
<b>Prevention</b>	It is better to take action before harm occurs
<b>Proportionality</b>	The least intrusive response appropriate to the risk presented
<b>Protection</b>	Support and representation for those in greatest need
<b>Partnership</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
<b>Accountability</b>	Accountability and transparency in safeguarding practice

# 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 2022 - 2023 the following agencies and organisations were members of the Kirklees Safeguarding Adults Board and recorded the following attendance at meetings:



- Kirklees Council Communities and Access Services Director was invited to become a member of the Board towards the end of the 2022-23 year.

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. Additional members supporting the work of the Board are:

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

# 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.

We continue to build and develop the work of the Board, 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.

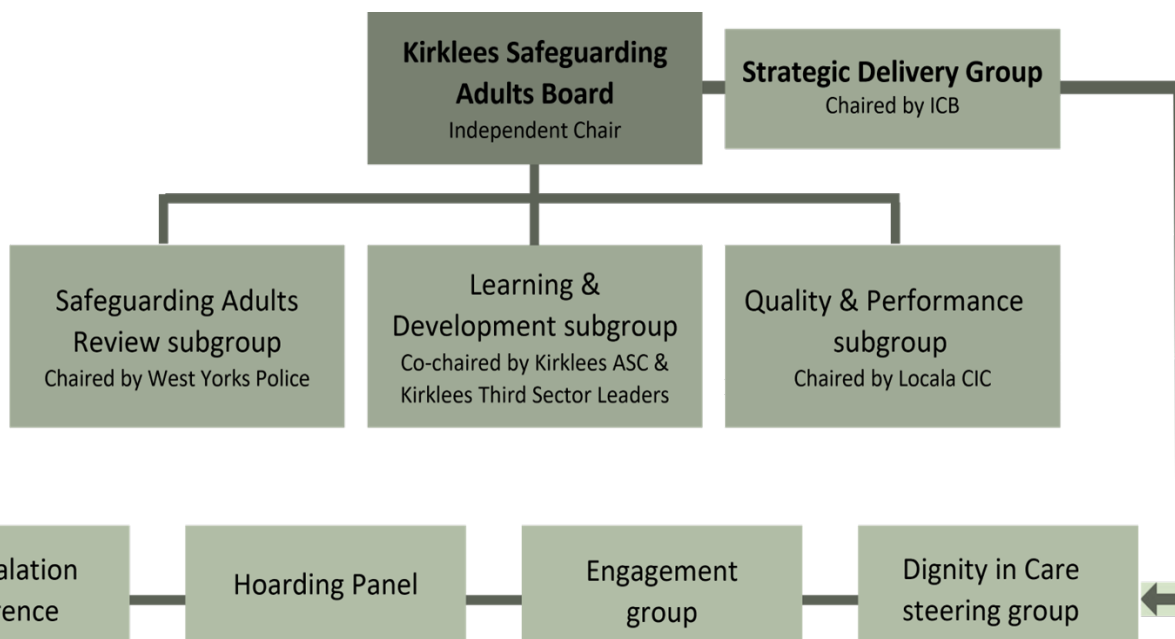
# The Board Structure

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.



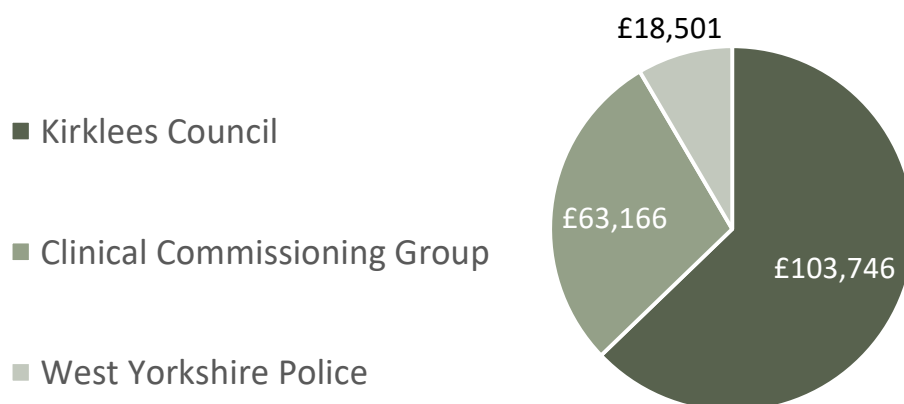
# Resourcing the Kirklees Safeguarding Adults Board

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 2022-23 we had £185.413 to spend. This money represents the contributions from West Yorkshire Police, Kirklees Council and combined contributions from NHS Kirklees Clinical Commissioning Group.



As in 2021-2022, the Board had an underspend this financial year as a result of delivering training and events virtually, so incurred no costs for room hire or trainer travel expenses.

Any underspend is carried forward year on year and is available to offset against commissioning SAR independent authors in the event of any Safeguarding Adults Reviews that are undertaken during the year.



# Delivery against the 2022-23 Strategic Plan



Following on from the successes of the previous priority areas of focus for the Board's work in 2021-22, Board partner agencies wished to continue along similar lines to build on that success and develop the areas further as, following consultation, the same/similar areas of focus remained priority objectives to all our partners.

The agreed shared objectives for 2022-23:

1. Supporting the workforce (previously 'Building a confident workforce')
2. Learning from experience (previously 'Learning from the experience of Covid')
3. Partnership working (previously 'Improved communication across the partnership')
4. Community / Public Engagement ('previously 'Active listening')

Each of the subgroups (Learning & Development, Quality & Performance and Safeguarding Adults Review) has its own workplan and the shared objectives form part of each workplan. This enables distinct areas of work in relation to the objectives to be carried out by that subgroup whilst triangulating information to align with other subgroup work to meet the objectives. The Strategic Delivery Group (SDG) has an oversight of all the workplans and can clearly identify areas of work and where further intervention/board support is required to complete actions.

# Summary of work against the 2022-23 Strategic Plan

## 1. Supporting the workforce

We said we would seek opportunities for frontline staff and volunteers to enhance their skills by equipping them with up-to-date learning opportunities; sourcing learning materials, guides and toolkits and promoting multiagency platforms for learning, as well as incorporating how front-line staff respond to the ever-changing landscape to support the safeguarding agenda.

We said that the Board would focus its priorities in a way that would capture key areas highlighted by the partnership, findings from Safeguarding Adult Review (SARs), and horizon scanning. This could include but not exclusively, Mental Capacity Act, Civility and Respect and Professional Curiosity.

Our work in 2022-23 has included the following:

Working jointly with our Safeguarding Adults Board (SAB) regional consortium colleagues, we procured an [online platform](#) with the overarching aim of enabling our [Joint Multi-agency Safeguarding Adults Policy and Procedures](#) to be easily accessed by all partner organisations in West Yorkshire, North Yorkshire and City of York. It provides the ability to easily access safeguarding information which straddles our local boundaries where partners work across more than one authority. In addition, the platform provides practical support with a range of exclusive tools and guidance - tried and tested by practitioners and adults with care and support needs and has a dedicated area which can be populated with local safeguarding contacts and resources. We will develop this section extensively over 2023-24.

We have contributed to the purchase of an eLearning system which will allow us, alongside Kirklees Learning & Organisation Development colleagues to create bespoke safeguarding eLearning packages, expanding the Learning Offer to a wider audience outside of the Council's health and social care colleagues. Work has only just begun on developing the first package and will continue into 2023-24.

The KSAB Multi-agency Learning & Development Offer was increased to include more learning materials/sources of material giving frontline staff and volunteers access to a greater amount of safeguarding information relevant to their role;

- Transitional safeguarding
- Mental Capacity
- Professional Curiosity
- Trauma
- Civility and Respect
- Support/advice learning and development for carers and young carers

As well as a whole programme of Safeguarding Adults in faith-based organisation learning on a variety of safeguarding topics.

Throughout 2022-23 we held several network events, inviting frontline staff and volunteers working in the safeguarding arena.

The Dignity in Care (DiC) Steering Group organised a network event to raise awareness of the NHS Civility and Respect Campaign and how it can be adapted and adopted to improve the working practices of staff and volunteers across the safeguarding arena. It focussed on **'the impact of low-level behaviours on patients/people/staff/others.'**

We had several guest speakers at the virtual event, including a couple of lived experience stories as well as including videos and interactive polls to interact with the audience to gain their views throughout the event. The event was very well attended and delivered the message as we had envisaged it would.

*"[It made me] More aware of how my words, even unintentionally can affect others. Rudeness is often perceived by the hearer rather than intended by the speaker"*

*"I found it very thought provoking and made me reflect about my own actions"*

It is an area of work that the DiC Steering Group want to take into next year's workplan and develop further.

The SAR subgroup planned and facilitated 2 network events The first one entitled **'How can we learn from cases where people experience serious harm or death?'**

Focussing on Multiagency partnership working and policy, processes and procedures

We adopted a "back to basics" approach for this event. The aim was to frontline staff from a wide range of agencies with an understanding of what a SAR is, how it is commissioned and carried out, and to consider the key themes emergent in recent SARs. It demonstrated opportunities with which "red flags" in safeguarding adults can be sometimes missed and encouraged good practice linking professional curiosity, information sharing and learning from each other's experience.

The second network event followed on from the previous SAR network event held in June **"Despite the efforts of professionals, practitioners, agencies, and organisations why is it that people identified as being at risk of harm, neglect and abuse can still become the subjects of SAR's?"**

This event re-visited the elements of the June event whilst also looking in more detail at case studies highlighting the impact on practice and barriers. It was an interactive session with a panel of experts available giving delegates an opportunity to ask questions to aid learning and understanding to help them in their role.

We used both events to promote the importance of referring in a SAR, even if the member of staff was unsure. Both events provided staff with a basic understanding of SARs and more referrals into KSAB are being received. Feedback from the last event will shape work of the SAR subgroup and event planning moving forward into 2023-24:

*"It would be good to do a SAR/DHR session with more focus on breaking down and discussion around specific cases - maybe even out of area cases that may have some impact on our work"*

Board stories initiated at the end of last year were continued throughout 2022-23. The examples of good practice related in a story are a valuable source of information sharing and learning as well as an opportunity for Board members to reflect on work practice being carried out which nurtures and encourages discussion.

The Board delivered a wide range of Safeguarding training courses. The courses available last year were as follows:

Course	No. of sessions 2021/22	No. of sessions 2022/23
Hoarding - Working Together to Support Adults and Risk Management	4	6
Safeguarding Adults - Concerns Manager	2	1
Safeguarding Adults - Co-ordinator Role & Holding a Planning & Outcomes Meeting	1	2
Safeguarding Adults - Refresher Training	5	5
Safeguarding Adults - Undertaking Enquiries	2	2
Safeguarding Basic Awareness	9	12
Self-Neglect - Multi-Agency Working & Using the Risk Management Protocol	3	4
Making Safeguarding Personal - Achieving Person Centred Outcomes	2	0

Safeguarding Basic Awareness courses were increased this year from last year as it was recognised that the number previously offered was insufficient to meet the demand of staff and volunteers across the partnership wishing to access it.

We also increased Hoarding and Self-neglect sessions. This was in relation to an increase in awareness raising of these two areas following the Self-neglect and Risk Escalation Conference (REC) audit.

Making Safeguarding Personal was previously a gap across the partnership. Board assurance gained from across the partnership indicated partner confidence that this learning aspect is embedded into the other training available. This will continue to be reviewed.

Examples of Local Government and Social Care Ombudsman cases which were introduced in 2021-22 as standing items for discussion continue to be a valuable source of learning. These will be collated during 2023-24 and added to the online contacts and resources section on the [online procedures platform](#).

## 2. Learning from experience

**We said we would work towards enabling Safeguarding services to continue to be delivered effectively and professionally with Kirklees people at the centre of service delivery, drawing on experiences from a variety of partnership sources. By taking an agile approach the Board reacts appropriately to the ever-changing landscape from a national, regional and local basis, using these experiences to continuously learn and improve service delivery.**

**We said we would proactively share good practice and challenge practice that could be improved through the Board's subgroups and Board meetings to re-evaluate and improve services across the partnership. Reviewing and amending current policies and procedures reflective of feedback from practitioners and people with lived experience.**

Our work in 2022-23 has included the following:

Following the Self-neglect and REC audit carried out in 2021-22 (as a result of previous Safeguarding Adult Review recommendations) a Task and finish Group was created to carry out further actions and recommendations identified in the audit:

- A flow chart was created to identify who the lead agency should be and to advise other agencies it is not necessarily Adult Social Care (ASC)
- The exiting procedures were updated to clarify that a Person Led assessment is identifying whether someone has some Adult Social Care needs and does not mean ASC are leading
- A process was devised to allow REC members to escalate to senior members of relevant agencies not involved where this is needed
- The REC Terms of Reference were reviewed:
  - Reducing number of cases to be seen in a REC meeting would be 4 maximum (previously 8)
  - Agencies can refer cases back into the REC
  - Being flexible in terms of face-to-face meetings or virtual
- Agencies involved need to fully consider executive functioning further with individuals
- Built into the process a feedback mechanism for the REC leads following actions set
- A multi-agency matrix to allow cases to exit from the Self-neglect process when nothing can be offered under the pathway was created and initiated
- A pro-forma to use as a prompt where panel are asking someone for a report, including key headings of the things we would like REC members to cover was created.

In addition to the above, it was recommended that the Kirklees Multi-Agency Hoarding Framework Guidance for Practitioners in Kirklees is refreshed to reflect and complement Self-neglect changes. Work on this has begun and will be completed and rolled out in 2023-24.

The [SAR network events](#) that were facilitated and led by the SAR subgroup helped to share learning from previous Safeguarding Adults Reviews (SARs) from a local and regional perspective. We used the network events to promote the [online SAR referral reporting system](#). This was a piece of work the SAR subgroup identified as being crucial to enable people to refer in a SAR easily as well as providing referrers with additional knowledge and understanding of what a SAR is.

The recommendations from 2022-23 SARs (Adult N and Adult O) highlighted a lack of legal literacy in applying the Mental Capacity Act in response, the Quality and Performance (Q&P) subgroup carried out a piece of work to determine the level of Mental Capacity understanding across the partnership. This audit evidenced a need to embed learning, raise awareness, improve knowledge and understanding in relation to Mental Capacity, as well as improving decision-making for frontline practitioners and volunteers working with young people aged 16+ and adults with care and support needs. A planning group was established to pull together a network event to gain an insight into what staff and volunteers needed to upskill themselves. This will feed into a programme of learning that the Board will develop and initiate in 2023-24.

The Board Manager continues to attend the national Safeguarding Adult Board Managers network meeting. Information and learning from this working network enables the Board to keep abreast of upcoming trends from a national perspective. It provides a wider avenue of learning from other Board's SARs which we include in the SAR subgroup to ascertain if any work needs to be carried out locally. This link is essential to the Board as a further opportunity to gather possible solutions to issues we may encounter locally - looking to share how other Boards have addressed similar concerns in the past.

Work has started on creating factsheets/guidance notes which will be included in a library of guidance in the new [Online procedures](#) 'contacts and resources' section. Partners from across our Board have expressed the need for easy-to-understand information that is generic and applicable to all sectors as a baseline starting position to introduce a variety of subjects into their staff's working practice, with links to more in-depth information included within. Subjects identified to form part of the Board's suite of information at the time of this report include Recording skills, Professional Curiosity, Mental Capacity, Information Sharing, Fabricated illness. This list will be further developed and extended as we move forward into 2023-24. All these subjects cover some of the recurring themes identified in SARs locally, regionally and nationally.

### 3. Partnership working

**We said we would continue to proactively work towards building a communication-friendly culture, learning from each other, seeking out different ways of sharing information more effectively, expanding our existing networks to help us find solutions to the major challenges we face.**

**We said we would continue to strengthen links and work closely with all Board partners to provide assurance that safeguarding strategies are effective via self-assessment and joint learning events.**

**We said we would continue to strengthen and develop collaboration with our wider Partnership Boards; Communities Board, Kirklees Safeguarding Children Partnership.**

**We said we would build on our existing methods of sharing and embedding learning for reviews and lessons learnt.**

Our work in 2022-23 has included the following:

The Board Service Manager is now a standing member of Communities Board, and regularly attends the Communities Strategic Delivery Group and Communities Board meeting. Attendance at Kirklees Safeguarding Children Partnership (KSCP) Child Safeguarding Practice Review (CSPR) meetings and is a regular standing member of the Domestic Homicide Review (DHR) panel. We will continue to develop relationships with Communities Board and KSCP to triangulate work programmes and deliver on identifying gaps that occur across priority agendas.

Safer Kirklees (part of the Communities Board) have had regular attendance at KSAB subgroups and the KSAB Strategic Delivery Group for several years, however, to strengthen those links we have invited the Service Director for Communities and Access Services to sit on the Kirklees Safeguarding Adults Board. This invitation was accepted, and the last meeting of the year saw the Service Director take up that position.

Some of the Board's partner organisations have developed safeguarding champions and peer support so that their staff are able to access advice and support when required. The Champions share any information across their teams.

The Board alongside Consortium Colleagues from neighbouring SABs purchased the online [Policy and Procedures platform](#). This will host an accessible online Procedures site which reflects legislation, regulations and examples of good practice. It is a product that will allow our partners who cover different Safeguarding Adult Boards to access crossover information all in one place. Moving forward, Board Partners can share information, resources and case studies improving communication across the Board.

## 4. Community / Public Engagement

We said we would promote the development and expansion of strong networks to gain an insight into the effectiveness of safeguarding arrangements across the Kirklees community involving both practitioners and the public. The first step to building local capacity through partnership is to identify shared priorities for a community. By linking in with people who live and breathe what is going on in Kirklees, we can gather the right level of demographic, economic, and related social issues. This will assist us to gain insight and understand the broader needs, desires and wishes of the people of Kirklees.

Our work in 2022-23 has included the following:

### **Kirklees Safeguarding Week (20-25 June 2022)**

The Board continues to actively support and promote Safeguarding Week. In June each year we hold a dedicated Kirklees Safeguarding Week which is further aligned to the West Yorkshire Safeguarding Week. In November we support the National Adult Safeguarding Week. From its inception Kirklees Safeguarding Week has been built on a collaborative approach bringing together Kirklees Safeguarding Adults Board (KSAB), Kirklees Safeguarding Children Partnership (KSCP) alongside Safer Kirklees/ Kirklees Communities Board.

This year, the week-long event provided a mix of over 40 activities delivered in a variety of ways; face to face events, 'Learning Byte' information sessions as well as more formal training sessions. Some of the events were held outside of traditional 'office hours' to consider accommodating people who work shifts.

We raised awareness of safeguarding issues, recognising the signs of abuse or neglect in children or adults, how to report a concern as well as learning and refreshing of safeguarding topics for professionals and practitioners who work with vulnerable children and adults at risk.

Subjects covered during the week included Cuckooing, domestic abuse, radicalisation, modern slavery, deprivation of liberty and mental capacity, mental health, scams, financial abuse. Substance misuse and much more.

Whilst Safeguarding Week provides a range of learning and development opportunities for staff and volunteers – the Kirklees community were also invited to take part during the week.

### **National Safeguarding Week (21 - 27 November 2022)**

The National Adult Safeguarding week was supported virtually, aligning our local content with the national subject matter. We directed our messages via targeted emails and the use of social media to health and social care staff and volunteers working with adults at risk.



# Safeguarding Adults Reviews (SARs)

A key statutory duty of the SAB is to carry out Safeguarding Adult Reviews (SARs) as appropriate under [Section 44 of the Care Act](#). The Care and Support Statutory Guidance requires Board's to report on all referrals including those that were not progressed as Safeguarding Adults Reviews.

In 2022-23, the Board's SAR subgroup received 8 SAR referrals. 4 referrals were inappropriate and referred to the right agency for appropriate action. These were:

- 1 x Request for Adult Social Care needs assessment
- 2 x Section 42 referral
- 1 x Referral for appropriate intervention for a suicide concern

3 referrals were declined. In each of these cases the specific circumstances were assessed as not meeting the statutory criteria for a Safeguarding Adults Review as set out in Section 44 of the Care Act:

- A man in his 50's presenting at A&E with suicidal intent. He was under the care of mental health services regarding his mental health deterioration and was waiting for an informal bed at the point he ended his life. Single-agency review recommended.
- A man in his 60's with underlying (and managed) health conditions such as poor circulation, mobility restraints and diabetes. Single agency review was already underway.
- A man in his 30's found deceased at a property following reports that the property was abandoned. Date of death and cause of death unknown. No disabilities and no vulnerabilities were disclosed on Housing system. No other agency involvement.

**Adult P** is an ongoing Discretionary SAR at the time of this report.

The referral came to the Board in October 2022 and is in respect of a young adult who died. The cause of death was due to an unmet medical need. They were initially believed to have some learning and possible physical difficulties; however, this has not been substantiated. Numerous agencies noted to be involved with Adult P's family at the time of referral.

This case has been an extremely difficult and complex case as the information gained from across the partnership was exceptionally conflicting. The SAR Subgroup felt it questionable as to whether Adult P fulfilled the [criteria for an adult at risk](#). There is learning to be gained from what we already know about the case but as Adult P does not appear to meet the SAR criteria, the decision to commission a Discretionary SAR using the Significant Incident Learning Process methodology was reached and ratified.

If it is deemed throughout the process that Adult P did have Care and Support needs then the decision to commission a Discretionary SAR will be re-visited.

# Agency achievements

## Kirklees Adult Social Care

**Kirklees Council Adult Social Care (ASC) have continued to work to advance the safeguarding of vulnerable people and adults at risk through the following areas:**

The introduction of the Care Home Team who complete all Safeguarding Responses relating to 24-hour care settings. This has been successful as there is consistency in approach and quality of enquires and recording. The team have also supported with early interventions of care home support and promote pro-active responses relating to identifying issues whilst reviewing care plans and associated documents. This highlights potential safeguarding activity within care homes. The data shows that the source of over half of the Section 42 concerns are raised regarding 24-hour care provision therefore the team can support that provision alongside the safeguarding front door staff to enable and facilitate change, education and practice relating to adult safeguarding.

The Ukraine Sponsorship scheme was successfully implemented initially with a Social Worker assigned to making safeguarding checks relating to the sponsors and the wellbeing of the guests from the Ukraine. Following this the social worker shared the knowledge and expertise she had gained in this area with the community ASC hubs, and we have now rolled this out across ASC to strengthen the Homes for Ukraine response. There have been a number of potential safeguarding matters prevented due to robust screening and partnership working on this scheme.

In Kirklees, we now have a dedicated Police Sergeant and officers working in the Local Authority, ASC Front Door, and Safeguarding Team. We now have processes in place to ensure Adult Social Care and Mental Health referrals from Police are more appropriately signposted to the correct agencies in a timely and auditable manner through the new police system of Public Protection Notices (PPN). The police officers working in the front door are able to respond jointly with ASC to

protect vulnerable adults with care and support needs associated with criminal activity such as cuckooing concerns, physical and financial abuse.

The Vulnerable Adults Action Meetings (VAAM) is embedded and highlight's high-risk cases and assists in partnership working.

The Kirklees Self-Neglect Risk Escalation Conference (REC) is in place for cases to be referred that are unable to be progressed by a single agency. The chair of the REC (Head of Adult Social Care) was commissioned to carry out an audit of its REC process and associated documents following the learning from a previous SAR. The review was completed, and the following documents were updated: ToR (Terms of Reference), Self-Neglect Policy, and referral form. A lessons learned log and closure matrix were introduced. This has been positive for the assessors who are working with individuals with complex needs in terms of robust decision making and senior management oversight.

The Historical Child Sexual Exploitation Pathway has been embedded in Adult Social Care. We have been working with Community Partnership colleagues to expand the offer to incorporate all forms of exploitation including the transitional pathway. This has been a positive response to supporting adults who have experienced exploitation and now also identifying those at risk of being exploited through the transitional pathway.

There are plans for the DoLS (Deprivation of Liberty Safeguards) and DoLIC (Deprivation of Liberty in the Community) teams to merge in June 2023, to become a Mental Capacity Team, with the purpose of enhancing and strengthening deprivation of liberties within care homes and communities. We now have a dedicated skilled team who are all qualified best interest assessors as a resource across adult social care assessment teams. This has enabled the team to strengthen the response to help support and embed the principles of Mental Capacity across the teams and the council.

# Kirklees Health Care Partnership Integrated Care Board

**In July 2022 West Yorkshire Clinical Commissioning Groups (CCGs) became one Integrated Care Board (ICB); an early operating model was established which enabled a reporting structure to the Safeguarding Oversight and Assurance Partnership (SOAP).**

The West Yorkshire Integrated Designated Professionals Network (IDPN) was an established network that meets to identify safeguarding health themes, discuss any identified risks, share national/local guidance, and now progresses actions from SOAP. Key work undertaken included establishing a clear training matrix (guidance) for managers to ensure ICB staff are accessing the correct level of safeguarding training based on the Intercollegiate Document. The West Yorkshire ICB Corporate Induction now includes safeguarding and standardised Level 2, and 3 training packages are being developed. Extensive work has taken place in harmonising safeguarding policies and procedures to support West Yorkshire ICB staff which includes Safeguarding Children and Adults, Mental Capacity, Prevent and Domestic Abuse. Kirklees ICB Safeguarding Team have continued to attend and support Kirklees Safeguarding Adults Board (KSAB) and its subgroups which includes:

- Continued chairing responsibilities of the Strategic Delivery Group.
- Co-chairing the Safeguarding Adult Review (SAR) Subgroup, supporting the development of workplans and monitoring ongoing SARs. Supported the delivery and presented at the SAR Network Event.
- Chair for the Dignity in Care Steering Group, driving forward the civility and respect workstream. Supported the delivery and presented at the Network Event.
- Committed engagement in ongoing work including the Quality & Performance and Learning & Development subgroups. Some of the work undertaken has included contribution to the development of the KSAB multiagency learning offer and supporting the delivery of all KSAB Network events.

Kirklees ICB Safeguarding Team continue to chair the Health Alliance, a forum to support and share learning with operational Named Professionals for Safeguarding Adults within health providers across Calderdale, Kirklees, and Wakefield. There is ongoing development of an adult Health Assurance and Improvement Group (HAIG) for strategic safeguarding health leaders to develop evidence of ongoing good

practice in safeguarding, for example audit which can feed directly into KSAB workstreams. Both forums offer a good opportunity to share and cascade learning from KSAB as well as identifying areas of improvement based on identified themes in safeguarding agendas.

ICB Safeguarding Team have focused its attention on upskilling the workforce to embed the MCA in practice. Work to develop and produce a higher-level MCA training package across the WY ICB footprint has been led by the ICB Safeguarding Team. This commenced in March 2023, with the aim of upskilling managers and supervisors to support practitioners with complex MCA and Deprivation of Liberty issues. These sessions aim to contribute to the development of an MCA champions Network who will help to ensure MCA is fully embedded in services.

GP Safeguarding standards were analysed for 64 Kirklees GP Practices. An ICB workplan was created for the themes identified which will be addressed via the GP Safeguarding Leads meeting and the Practices Protected Learning time where primary care staff attend an afternoon session on safeguarding adults, children, mental capacity and prevent. These are opportunities to focus on the themes identified within the standards and any learning via KSAB and bring these together.

The Head of Continuing Care continues to lead virtual processes for the Care Home Early Support and Prevention (CHESP) meeting. This 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 is delivered. The ICB alongside its health partners continue to support care homes and independent sector provision in Kirklees. There has been a development in the close working between ICB safeguarding and quality team members, particularly in relation to care homes, to ensure clear and robust information sharing for cases of concern.

The role of Kirklees Safeguarding Team is to continue to provide monitoring and scrutiny of safeguarding arrangements and improvement plans with our commissioned health providers. This has included attendance at our main commissioned Health Provider Safeguarding Committees and delivery of safeguarding supervision for Named professionals and other team members.

# West Yorkshire Police (WYP)

Another challenging year for West Yorkshire Police from a Safeguarding perspective with a continued increase in demand in most areas. Domestic abuse continues to present a significant threat as does VAWG (violence Against Women and Girls). Our capacity to meet this demand internally continues to be a challenge, however this is being supported across the force by further uplifts to our Safeguarding teams.

Assistant Chief Constable Damian Miller is the force lead for both Local Policing & Safeguarding, supported by our Central Safeguarding Governance Team who provide support, guidance to the five districts whilst ensuring consistency nationally and force wide.

Locally in Kirklees, we continue to have experienced Detective Inspector lead specialist teams who focus on all aspects of Adult Safeguarding. Wherever possible, staffing across all Safeguarding Teams is maintained at a high level with most police officers either being at, or working towards, Level 2 of the Professionalism Investigation Programme (PIP). This year saw a change in Senior Leadership, with DCI Lee Fetcher joining the district, bringing new tactical approach to prosecution of perpetrators.

Kirklees District continues to review and maintain dedicated accreditation in relation to Safeguarding including the national accredited Adult Safeguarding Course. The force has also recently completed the force's "DA Matters" mandated training and awareness programme providing front line officers increased knowledge and awareness in this demanding / challenging area. This training has assisted in front line staff gaining an understanding of key issues facing victims and the importance of taking the victims voice into account during investigations.

After the successful trial of the dedicated Police Sergeant working within the Adult safeguarding Team, it was agreed the benefits of the role to Police and partners were so significant resulting in us streamlining resources to ensure that we keep this valuable position. This dedicated Sergeant is now heading the newly formed Adult Multi-agency Safeguarding Hub (MASH). Whilst in its infancy, the MASH will continue to develop over the coming months, ensuring greater collaboration and efficiencies between us and local authority partners to better protect vulnerable adults.

Linked to our commitment to VAWG principles, the 'Safe Zone' campaign continues to provide places where people can go to seek support or to contact a friend, family or the Police/Partners if they are feeling unsafe. We continue to role this out across Kirklees. Currently we have well over 200 designated safe zones within the district and this number continues to grow. These zones continue used regularly by those seeking help, advice or safety. The aspiration is to build on this success further by signing up more places within Kirklees, spreading this further across the county leads. Safe Zones has given Police and partners the

opportunity to deliver key messages to the public. Our Crime Reduction Officers who lead on this, produce regular Newsletters for Safe Zone members and for general distribution containing advice on Domestic Abuse, Stalking, Student Safety, Street Safe App, Night Out Safety Guide and Safe Zones including the Ask Angela scheme.

A district VAWG Independent Advisory Group (IAG) has been created to scrutinise the investigation of crimes recorded where the victims are female. A number of IAG's have been held throughout the year with a variety of partners in attendance on the panel, who scrutinise VAWG investigations. After meaningful discussions and suggestions from the group, we have been able to develop and tailor ongoing and future investigations. Partners really value this group, and it is good for the Police to have that scrutiny and analysis from a different partner perspective.

The "CutItOut" campaign aims to raise awareness and train hair and beauty professionals to recognise the warning signs of domestic abuse and give them the information they need to safely refer clients to organisations that can help them. The campaign originated in Norfolk following a tragic murder. In 2017, weeks after confiding in her hairdresser Annie Reilly, Kerri McAuley was killed by an abusive partner. The campaign was developed as a result of this.

The roll out of the campaign here in Kirklees was a joint launch between the Police and the Kirklees Council Domestic Abuse Community Engagement Team (DACET). During VAWG week of action, salons were canvassed and signed up to the online e-learning package developed by DACET. Kirklees College Health & Beauty dept were keen to complete this training with their students. The roll out of this continues.

RaSSO (Rape and Serious Sexual Offences) detection rates across the UK tend to be around 5% of all offences. In Kirklees we saw that our detection rate in the last twelve months had risen to 10%. This is testament to the hard work of not just the attending and investigation staff but also including our partners in health, education, Crown Prosecution Service (CPS) to name but a few. This has seen us collectively provide reassurance to victims of serious sexual offences.

Detective Superintendent Stuart Bainbridge continues to Chair the Safeguarding Adult Review (SAR) Subgroup, supporting the development of workplans and monitoring ongoing SARs. The SAR subgroup supported the delivery and presented at the SAR Network Event in December 2022, which was hosted from Huddersfield Police Station.

# Calderdale & Huddersfield NHS Foundation Trust (CHFT)

Calderdale and Huddersfield NHS Foundation Trust actively support our most vulnerable patients and are committed to protecting their safety and welfare, whilst supporting individuals to be free to make their own decisions. We strive to ensure our staff are empowered to speak up and act when they identify actual/ potential safeguarding concerns and continue to support the work of the Kirklees Adults Safeguarding Board. Here are some of our key achievements:

We continue to consistently achieve above 90% compliance in levels of safeguarding Adults/Prevent/MCA/DoLS training.

In relation to receipt and scrutiny of Mental Health Act (MHA) papers CHFT have worked with SWYFT to develop receipt and scrutiny training. This training has been available for staff from January 2023, and we are seeing a positive response to this with our training compliance steadily increasing. Our Nurse Consultant for mental health supports learning in relation to the MHA and provides bespoke training to supplement the online training.

Our Deputy Head of Safeguarding/Named Professional Adult Safeguarding commenced in post in November 2022. Appointment to this post has enabled CHFT to review our internal safeguarding training and Mental Capacity Act (MCA) programme is now compliant with the Intercollegiate Documents for Adults and supports an increased training offer tailored to staff need. Face to face training has been reintroduced. Bespoke packages have been designed to provide staff in key areas with more specific safeguarding knowledge. These have been developed in response to multiple complex cases and these are initially being directed towards the community division, the acute sector and the Emergency Department (ED). Face to face training is evaluating positively.

We have also extended our training offer to our Internationally Educated Nurses, providing face to face Safeguarding Training at their induction. Safeguarding and MCA is now also one of their competency requirements for sign off.

Safeguarding Supervision has seen a 45% increase in compliance since November 2022, with the team working hard to support staff to attend supervision when able with 'drop-in sessions and Safeguarding surgeries. This approach has been well received by the Trust and has prompted staff particularly in the community to reach out for support on cases within these sessions.

ED bespoke training has been reviewed and a new format established and implemented. Joint working between

BLOSM, an external provider and the Named Professional Adult Safeguarding is ongoing to implement bespoke trauma informed practice training with our Emergency Departments. It is anticipated these sessions will start in May 2023 and will increase CHFT's response in meeting identified learning from recent safeguarding reviews.

The number of Urgent Applications DOLS (Deprivation of Liberty Safeguards) has risen by 20% in the reporting period and reflects CHFT staffs ongoing commitment to protecting the Human Rights of their patients. We continue to make applications for DOLS, in line with the Mental Capacity Act 2005 and work to ensure that the rights of those who may lack the relevant capacity are protected.

Work is underway to refresh and embed the safeguarding champions role across the CHFT footprint. A review of the safeguarding champions network was completed in December 2022. Safeguarding champions will now be identifiable by a badge and there is a communication launch due in 2023 to promote this role.

Funding for the Health IDVA (Independent Domestic Violence Advisor) post has been extended until 2025. The IDVA has a visible presence in ED and continues to support staff and see patients who disclose and/or present with domestic abuse. CHFT continue to provide midyear reports and end of year reports for the Ministry of Justice (MOJ). The year-end report for 2022-2023 shows the role has supported/ contacted 177 victims or suspected victims of domestic abuse from 16 years of age.

The Specialist Midwifery Panel continues to meet weekly to review families where increased vulnerabilities may require extra support. In response to national findings information in relation to fathers/ significant others is now forms part of the assessment process in identifying risk factors.

CHFT have now appointed a Transition Clinical Nurse Specialist to support transition between children's and adult services.

We have been planning for Safeguarding week in June 2023, with daily campaigns taking the spotlight and concentrating on key Safeguarding issues. During this week the Safeguarding team will be visible within wards and departments, providing supervision, support, and education to our staff members. On the Friday of Safeguarding week, our Safeguarding team will be sharing a video entitled 'what safeguarding means to us'. This will be promoted Trustwide and featured on our Chief Executives weekly brief. The team will be asking staff during face-to-face training what safeguarding means to them in their role, to strengthen our key message that safeguarding is 'everyday business'.

# South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

The South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) safeguarding team, continue to provide leadership, advice, and support throughout the organisation to ensure that the footprint of Safeguarding is embedded in practice.

There have been changes in the Nursing Quality and Professions Directorate and service portfolio changes, including the safeguarding team. These changes are positive and the aim to better support the wider workforce.

The sharing of learning is important to the Trust and the team. The Safeguarding team facilitated a safeguarding conference in September 2022, the topics were: Professional Boundaries and Persons on Position of Trust concerns, Perplexing Presentations (PP) / Fabricated or Induced Illness (FII) in Children RCPCH guidance update for practitioners, Myth of Invisible Men, The Burnt Bridges Report, Speaker from the National Centre for Domestic Violence, Trauma Informed Practice, which was co presented by a person with lived experience. Additionally, a Domestic Abuse conference was hosted in February 2023 to share the learning from a Mental Health Homicide Review and to raise the awareness around Domestic Abuse. Each conference was well received, and the feedback was positive.

The named nurse and specialist advisor delivered a presentation in May 2022 on clinical risk, safeguarding, protecting children and vulnerable adults. The aims were to 'critically analyse the links between vulnerability, capacity, consent and safeguarding and how risk-taking can contribute to the achievement of positive outcomes for individuals' and 'critically evaluate own practice in leading a person-centred approach to risk taking, clinical risk management and restrictive practices while safeguarding children and vulnerable adults'. This was well received, and feedback was positive.

The Trust team have also delivered training to Care Groups on the following subjects:

- Domestic Abuse
- Parental Mental illness and the impact on children
- Boundary Training
- Self-Neglect
- Hoarding
- Cuckooing
- Homelessness.

Boundary Training was also delivered during Safeguarding Awareness Week.

The learning from safeguarding incidents is shared across the Trust, senior management have an overview of any safeguarding incidents via the incident reporting system Datix and through the governance of the risk panel. To support and embed learning, the safeguarding team has presented learning from Safeguarding Adult Reviews and Domestic Homicide Reviews at the Trust wide Learning forum and through the Matron and Quality Lead forum.

The safeguarding team also presented a virtual update to the Joint Academic Psychiatric Seminar (JAPS), this is the forum for medical colleagues, doctors, and Psychiatric Consultants, and was attended by over 100 participants, this was positively received. The information centred on the updates from the Domestic Abuse Act (2021), Use of Force Act (2018) and safeguarding and case studies / learning from Domestic Homicide Reviews, Safeguarding Adult Reviews and Child Safeguarding Practice Reviews have resulted in additional training around key lines of enquire, for example, parental mental illness and the impact on children training is being delivered Trust wide and has been well received.

The safeguarding team are committed to the multi-agency partnership working and attend the Safeguarding Adults Board (SAB) and subgroups and are active members at the hoarding panel, and the Risk Escalation Conference.

# Mid Yorkshire Hospitals NHS Trust

Mid Yorkshire Hospitals NHS Trust continues to have a committed and active presence at Board meetings as well as on the Board's various subgroups.

A key achievement for Mid Yorkshire Teaching Trust (MYTT) has been the Embedding Think Family approach to Safeguarding to include Safeguarding is everybody's and everyday business.

Improving role specific training compliance to over 85% in Level 2 & Level 3 in all Safeguarding topics

The safeguarding adults team attended an external supervision course and developed a Think Family approach to supervision.

Introduction of the learning disability 8-week surgical admission Standard Operating Procedure.

Flagging of all adult and children's high-risk victims of domestic abuse on hospital systems so safety questions can be asked on admission.

Introduction of routine enquiry / safety questions in relation to domestic abuse asked during episodes of care.

Key sharing over this period:

- Domestic Abuse Conference April 2022
- Self-Neglect Conference June 2022
- Mental Capacity Act (MCA) Masterclasses (Capsticks & Hempson's Solicitors)
- Presenting MCA at the Stop The Pressure Event Nov 2022
- Safeguarding Learning Together week promotion of MCA DoLS (Deprivation of Liberty Safeguards) and Consent for 16 and 17-year-olds
- Bespoke Safeguarding Sessions to Project Search Jan 2023
- Sharing & learning across partnerships

As reported in the Board's Annual Challenge event, the MYTT safeguarding team is integrated with children, maternity, adults and complex needs, which enables a shared approach and timely response to any changes and developments in the wider safeguarding agenda. Team members have allocated key areas to attend external / internal multi agency forums to gather the information and disseminate to the wider team and policy.



# Locala Community Partnerships

**The legacy of the Covid-19 pandemic continued to impact on our workforce in terms of recruitment and retention which remained challenging during 2022 – 2023. Despite this there has been minimal disruption to the service provided.**

Work has continued towards the three-year Safeguarding Plan which was developed to support the overarching Locala Better Lives Strategy 2021 – 2024 and incorporates KSAB priorities alongside our own.

In March 2023 we welcomed a new Director of Nursing, AHPs & Professional Practice, Victoria Vallance. Victoria is the Executive Lead for Safeguarding this year. The Safeguarding Team also saw the retirement of the long-standing Head of Safeguarding and appointed an external successor from Sheffield Teaching Hospitals who will join Locala in September 23.

In addition, there has been significant movement within the team following a further retirement, exit of a lead nurse and a sideways move of a named nurse to the ICB. This has allowed a succession plan to be realised and some skill mixing to increase the capability of the team going into the next year.

By March 2023 there were 132 safeguarding children supervisors across Locala services. 21 new supervisors were trained to provide safeguarding children supervision during 2022-23.

An audit of supervision records completed during 2022/23, provided a high level of assurance in relation to safeguarding children supervision practice.

32 individuals were discussed at the Hoarding Panel meetings in the 2022-23 period. 6 referrals to the hoarding panel were made by Locala colleagues, leading to further assessment of risk and additional support being offered by other agencies such as Age UK, Fire Service, Mental Health Team, Housing and Environmental Health.

It was highlighted in the hoarding panel meetings that Locala colleagues are pro-active in referring and supporting individuals when hoarding concerns arise and were commended on the level

of support that they offer prior to cases coming to the panel. A community physiotherapy colleague identified self-neglect concerns for a vulnerable man living in an unheated home, with no hot water and no food evident. He was non concordant in his treatment for his leg ulcer. He reported that his mental health was poor, and he drank alcohol daily. He reported to have no phone and no family or friends. The colleague completed a self-neglect pathway referral and liaised with housing regarding a condemned boiler. Given the vulnerability of this group, it is assuring to know that Locala colleagues are equipped to exercise professional curiosity and tenacity in order to safeguard individuals. The outcome in this case was positive and following intervention from Adult Social Care the patient is now reported to live in a clean warm home.

A clinical lead has been appointed substantively to support the Learning disability and autism agenda and is prioritising the development and roll out of the Oliver McGowan mandatory training offer in conjunction with the West Yorkshire Partnership.

Work has been progressed at pace in the End-of-Life space to implement the national ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process with the Locala launch planned for October 2023. Sponsored by the UK Resuscitation Council the process will allow supportive conversations between people and health professionals to agree and record their treatment plans. SystemOne has been reviewed to allow the conversation outputs to be aligned with the patient record.





# Kirklees Council Homes and Neighbourhoods

**A manager from Housing Management now attends the weekly Early Support Multi Agency Panel (ESMAP) meeting and several workshops have been delivered to our frontline housing officers this year including a voice over presentation now available to increase knowledge and understanding around TAFs (team around the family).**

We are currently updating our Safeguarding Training Matrix of which Self-Neglect and Hoarding will become mandatory training for appropriate staff and teams.

The Home Visit model has been launched in Housing Management Teams which includes a comprehensive online tool to support Housing Management Officers in conversation with tenants, to help a more holistic approach to tenant contact covering a range of support needs.

Anti-social behaviour (ASB) case management is under review including ensuring vulnerability assessments are completed for victims and perpetrators of ASB throughout the management of ASB case work.

The damp, mould and condensation taskforce drew personal data about resident vulnerabilities into the approach to triaging problems. For existing jobs this information has enabled a better understanding of risk and supported improved responses to issues. It is planned that from October 2023 new processes will be implemented to ensure diagnosis and triage happen as soon as cases are reported and include an assessment of the vulnerabilities and personal circumstances of residents.

The Fire Safety Engagement Team have undertaken Person Centre Fire Assessments (PCFRA) for vulnerable tenants identified by either, Housing Management Officers or West Yorkshire Fire & Rescue Service.

A PCFRA is carried out with the tenant in their own home and comprises of a number of questions around their lifestyle, mobility etc. during the visit the team assesses if there are existing issues which would compromise the tenant's safety and the neighbours, from a fire safety perspective. As a result of these visits, we have become involved with several tenants who are hoarders.

We obtain a voluntary agreement with these tenants to assist them with clearing their property, provided they agree to items being removed and assist in the process too. Arrangements are made to attend the property for an hour a week to clear items/rubbish from the property with no cost to the tenant. This process has a positive impact on the tenant's mental health and is very much a restorative process. In addition, it ensures Homes and Neighbourhoods have reduced the fire risk within that property and to surrounding ones.

Once a property has been cleared, we have a further agreement which the tenant signs to agree to continue to let us visit, to ensure they aren't having any issues which could result in previous behaviours occurring and causing an increased fire safety risk. Throughout this process the tenant is at the centre of all we do.

# West Yorkshire Fire and Rescue Service (WYFRS)

**West Yorkshire Fire and Rescue Service (WYFRS) Kirklees District have seen considerable progress and positive results in relation to fire related injuries, road traffic collisions and malicious false alarms.**

Good progress has been made against arson, primary fires, secondary fires, actual rescues, dwelling fires, and non-domestic building fires, and we met our three-year average targets in all these areas.

Innovative partnership working with West Yorkshire Police, Safer Kirklees and Kirklees Housing partners were pivotal in driving secondary arson figures below the three-year average during this period.

Although there are still challenges ahead, with the commitment and hard work of all partners, and correct reporting procedures embedded, we aim to reduce these types of secondary arson incidents. Various targeted initiatives were implemented in areas where we saw repeat secondary fire incidents which involved crews targeting safe and well visits to households in affected areas.

In line with our Safe and Well Prevention Strategy overall, crews delivered 1,310 Safe and Well home visits and the Prevention Team dealt with 390 high risk cases towards meeting our aim of keeping people in West Yorkshire safer.

WYFRS continue to work with the Kirklees Road Safety Partnership in aiming to make Kirklees roads safer and lead the Kirklees

Water Safety Group. We have been involved in a range of activities across the District over the last year. Crews have held several 'Engage and Educate', practical demonstrations and engagement events across the area. These initiatives have provided impactful safety training and safety messages to residents and local businesses of Kirklees.

All frontline fire service personnel has received Dementia Friendly refresher training via Kirklees Dementia Hub during this period in support of us delivering sensitive interventions to some of the most vulnerable residents in Kirklees.

The District Prevention Manager for Kirklees continues to be the Chair of the Kirklees Multi-agency Hoarding Panel. Alongside The KSAB Board Management colleagues, we have started to review and refresh the Multi-Agency Hoarding Framework Guidance for Practitioners in Kirklees which will be completed and rolled out in 2023. This will align it better with the Kirklees Self-neglect multi-agency policy and guidance.



# Safeguarding and Deprivation of Liberty

## Deprivation of Liberty (DoLS) 2022-23

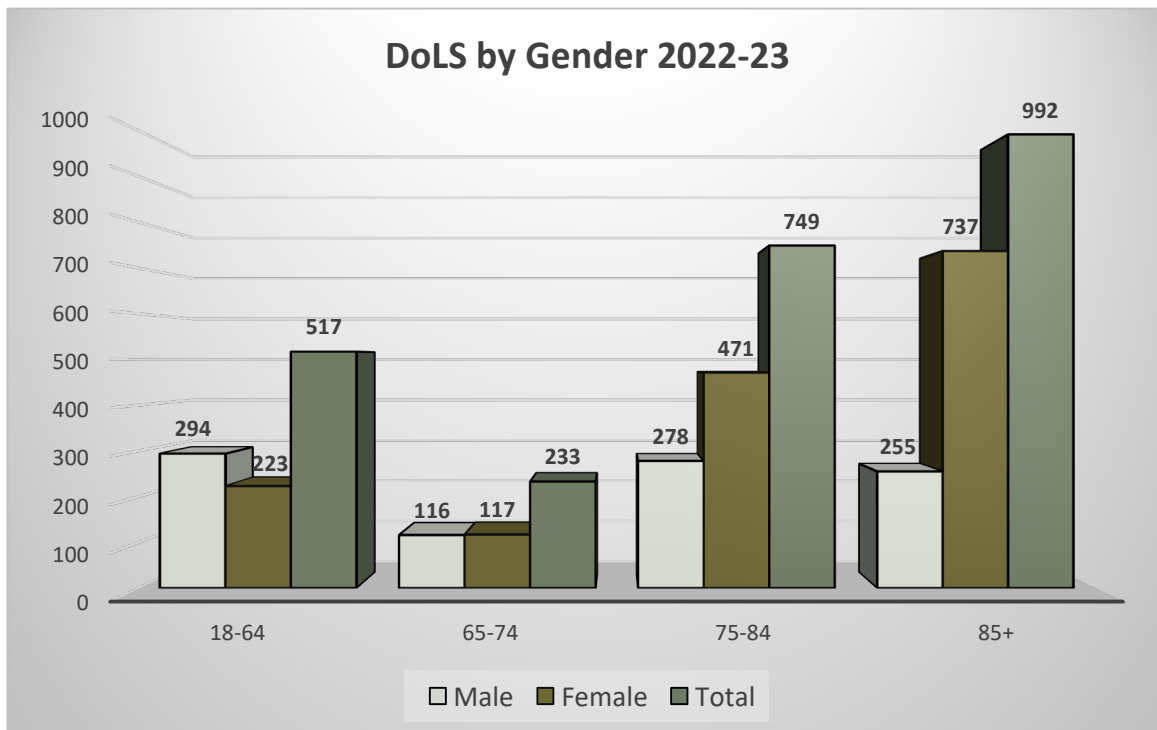
The Deprivation of Liberty Safeguards (DoLS) procedure is designed to protect your rights if you are, or may become, deprived of your liberty in a hospital or care home in England or Wales, and you lack mental capacity to consent to those arrangements. (AgeUK Deprivation of Liberty Safeguards factsheet,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

### Number of DoLS applications by year

Year	Authorisation Granted	Not Granted	Total of 'Other'	Total
2019/20	1466	52	487	2005
2020/21	1717	31	389	2137
2021/22	1956	175	237	2368
<b>2022/23</b>	<b>1927</b>	<b>525</b>	<b>39</b>	<b>2491</b>

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

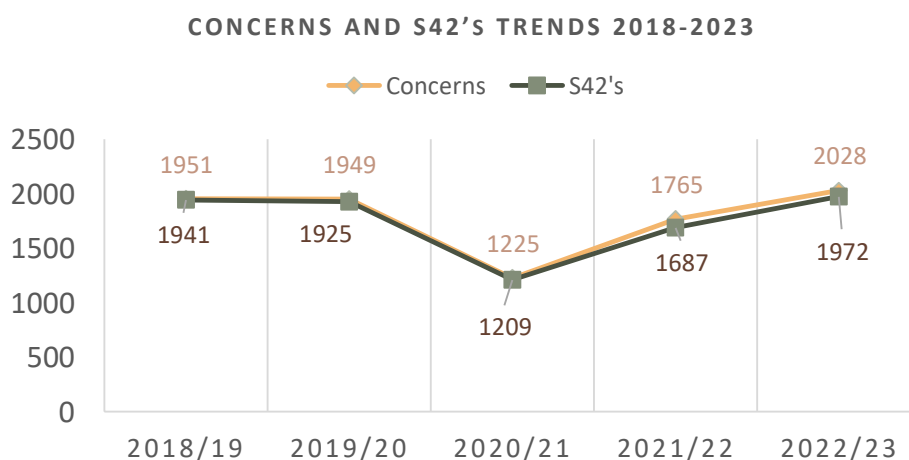
NB: 'Other' refers to requests that were either withdrawn due to change of circumstance or were requests awaiting sign off at the end of the reporting period.



## Dols application by disability type 2022-23

	Male	Female	Total
Physical: Hearing Impairment	20	29	49
Physical: Visual Impairment	17	42	59
Physical: Dual Sensory Loss	11	5	16
Physical: Other	124	138	262
Mental Health Needs: Dementia	352	850	1202
Mental Health Needs: Other	112	141	253
Learning Disability	167	136	303
Other Disability	87	141	228
No Disability	53	66	119
	<b>943</b>	<b>1548</b>	<b>2491</b>

## Safeguarding concerns 2022-23



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.

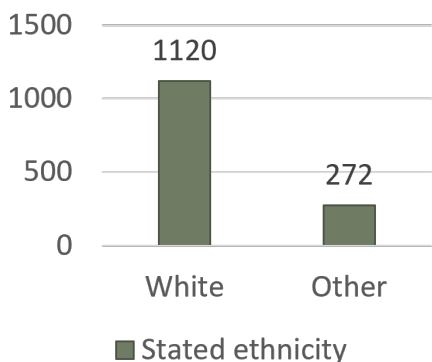
# Information in relation to Section 42 enquiries 2022-23

**2,028**  
Concerns raised during the year

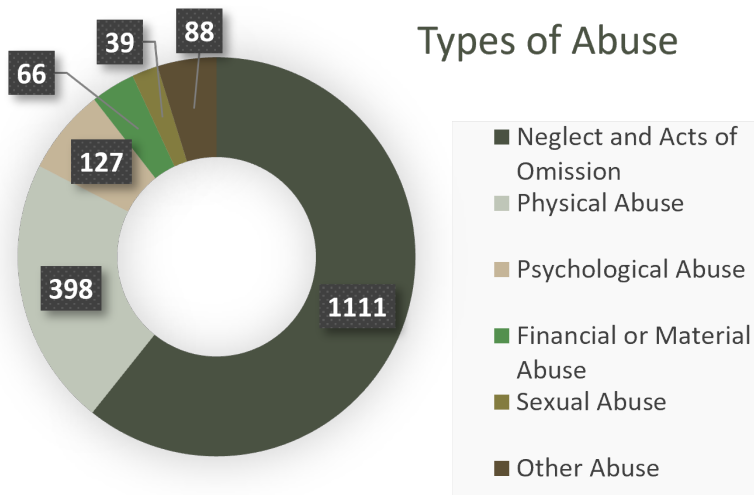


**1,972**  
Resulted in Section 42 enquiries

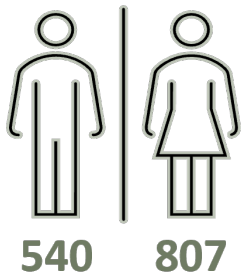
## Stated ethnicity



## Types of Abuse



## Gender profile



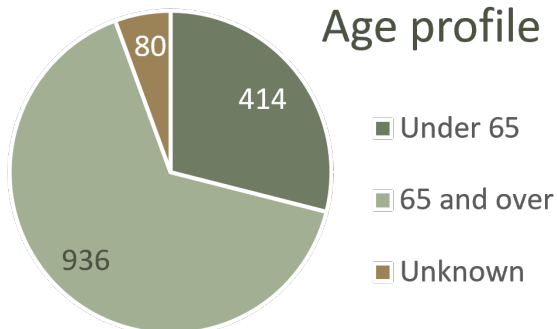
45 were categorised as Unknown/other

## Location of where risk was identified

Care Home	1191
Own Home	338
Hospital (All)	72
Community Services	43
Other	34



## Age profile



## 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 117

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

### Risk reduced 1402

(circumstances which made the individual vulnerable have been mitigated)

### Risk remains 16

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

# Making Safeguarding Personal (MSP)

**The Care Act says that adult safeguarding is about protecting individuals. But people are all different; so, when we are worried about the safety of a person, we should talk to them to find out their views and wishes.**

We should then respond to their situation in a way that involves them the most we can, so that they have choice and control over what happens in their life, so they can achieve an improved quality of life, wellbeing and safety. Doing adult safeguarding this way is called Making Safeguarding Personal (MSP).

Making Safeguarding Personal means adult safeguarding:

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

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

One of the Board partners, Mid Yorkshire Teaching Trust, carried out a full audit in 2022 on the effectiveness of Making Safeguarding Personal (MSP) in Practice. The audit highlighted areas of good practice and areas which required some improvement but overall, it was a positive audit, and the Board welcomed the feedback and encouraged the sharing of the learning and recommendations amongst the Partnership. The agency provided the Board with a lived experienced story at the Board meeting. It told of how staff within the agency setting had worked with someone to ensure their outcomes and wishes were adhered, which illustrated how MSP is promoted. The case demonstrated the importance of sharing safety planning in a proportionate way and always ensuring the voice of the person is heard, understood and made central.

Board members noted that the story was difficult to hear but saw how the person was treated very sensitively and clearly placed at the heart of the story and it was discussed how phraseology as outlined in this case study story is very important and the sense of kindness and empowerment crucial. Taking the time to notice that the person at the centre is ready to share is vital in mitigating the pressures on services in the future. It was recognised that staff training is vital and ongoing support across staff crucial. The first interaction with the person/patient/client is also vital in introducing oneself and spending time with them. Building rapport with them is equally important in establishing information at a low level which might encourage wider higher-level concerns sharing.

As a result of this lived experience shared story, the Board agreed that going forward, we would actively explore different ways to addressing how we may effectively gain the information that provides assurance that MSP principles are considered throughout. One of the ways agreed was to collect and collate working examples which can be pulled together as a suite of MSP case studies.

# KSAB Challenge Event 2023 / Looking ahead to 2023-24

The Kirklees Safeguarding Adults Board (KSAB) Challenge Event takes place each year to undertake constructive challenge about performance over the previous year and to identify and agree some priority areas of focus for each agency and the Board over the next year.

The partner responses to the self-assessment questionnaires (providing a basis for challenge) this year were once again comprehensive and of a very high standard. They were honest, transparent and thorough. They all included achievements, challenges and suggestions for improvement. This enabled a good foundation for the panel to engage in a more in-depth conversation with partners which was therefore more insightful and productive.

The overriding response that came out through the challenge sessions was that all partners felt that as a partnership, we work effectively together. We are however witnessing more complex forms of abuse which demand new approaches from all partner agencies. As a partnership, it was acknowledged that we should continue to be collectively aware, open to internal and external challenge and willing to learn and adapt our provision accordingly.

'Transitions' arose as a particular issue between our services for some adults at risk. This was also identified in the 2022 Challenge event, and despite some innovative joint practice in 2022-23 in areas where services have created more "specific safeguarding posts" within their staff teams in this area, it remained prevalent in the 2023 Event. It was acknowledged that it feels like the gap has narrowed but still remains. It was felt generally that we could do more in this area of work. There was a clear understanding and belief that both technology and further joint working across service boundaries at a case/practitioner level could prevent people falling into those gaps.

At the Board Development Day in November 2022, we discussed the findings from the Challenge Event and reassessed the shared objectives. The three priorities which received most agreement were: Embedding Community/Public Engagement in Adult Safeguarding and deciding how this is best delivered; Supporting the Workforce across statutory, private and third sector organisations; Continuing to Build Partnership Working particularly in communications and relationships to manage the consequences of the economic climate.

In the main, the Strategic priorities of 2022/23 were agreed as the priority areas to continue to work towards, with an invigorated focus on:

- re-establishing the Interboard meetings (5 boards in Kirklees who work to promote safe and healthy communities: the Health & Wellbeing Board, the Safeguarding Children Partnership, the Safeguarding Adults Board, the Communities Board and the Children and Young Peoples Partnership Board)
- Re-establishing the Engagement Steering Group to look at how information is directed, how we actively engage and demonstrate we are actively listening and how we influence the local safeguarding agenda.

# Kirklees Safeguarding Adults Board members 2022-23

**Rob McCulloch-Graham**, Independent Chair  
Kirklees Safeguarding Adults Board

**Penny Woodhead**, Director of Nursing and Quality and KSAB Vice Chair  
NHS West Yorkshire Integrated Care Board,  
Kirklees Health and Care Partnership

**James Griffiths**, Chief Superintendent,  
District Commander Kirklees District,  
West Yorkshire Police

**Richard Parry**, Strategic Director for Adults and Health  
Kirklees Council

**Paul Howard**, (Acting) Head of Service  
Kirklees Council Housing Services

**Andrea Dauris**, Associate Director of Nursing, Corporate Nursing  
Calderdale and Huddersfield NHS Foundation Trust

**Marie Gibb**, Head of Safeguarding  
The Mid Yorkshire Hospitals NHS Trust

**Emma Cox**, Assistant Director of Nursing Quality and Professions, (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

**Clare Costello**, Operations Manager,  
HealthWatch Kirklees

**Tanya Simmons**, District Prevention Manager – Kirklees  
West Yorkshire Fire & Rescue Service

**Maureen Green**, Chief Nurse, Director of Clinical Quality and Professional Practice Locala (left mid-term and Locala colleagues deputised at meetings)

**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

**Jill Greenfield**, Service Director  
Kirklees Communities and Access Services



# Key contact information

## Kirklees Council Adult Social Care – Reporting a Concern

Community Health and Social Care Hub

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

Tel: 0300 304 5555

[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.police.uk](mailto:kd.adultsafeguarding@westyorkshire.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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## 2EALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**MEMBERS:** Cllr Bill Armer (Lead Member), Cllr Beverley Addy, Cllr Itrat Ali, Cllr Jo Lawson, Cllr Alison Munro, Cllr Habiban Zaman, Helen Clay (co-optee), Kim Taylor (co-optee).

**SUPPORT:** Nicola Sylvester, Principal Governance Officer

THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p><b>1. Resources of the Kirklees Health and Adult Social Care Economy</b></p>	<p>To consider the resources of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> <li>• An overview of the financial position of the local health and social care system to include: the work that is being carried out to meet current year budgets; and to identify any risks.</li> </ul>	<p><u>Panel meeting 16 August 2023</u></p> <p>Representatives from key organisations provided an update in relation to each organisation’s financial position, which included the risks and mitigations in the longer term, and also provided an overview of the next steps for the current financial year and future years.</p> <p>The Panel noted the commitment from partners to continue to work together to ensure sufficiency, drive out health inequalities and to understand the needs of the population.</p>
<p><b>2. Capacity and Demand – Kirklees Health and Adult Social Care System</b></p>	<p>To monitor the work being done by Kirklees core physical providers to manage demand and catch up with delayed planned surgery, therapeutics, and diagnostics to include:</p> <ul style="list-style-type: none"> <li>• Receiving updated data on waiting list times by service to assess progress against data received by the Panel last year (August 2022) to include: update on waiting times for children requiring dental</li> </ul>	<p><u>Panel meeting 16 August 2023</u></p> <p>Representatives from partner organisations presented details of the work being done in relation to capacity and demand.</p>

	<p>extractions under general anaesthetic and actions being taken to reduce delays (see item 7).</p> <ul style="list-style-type: none"> <li>• An update on diagnostic waiting times.</li> <li>• An update on the management of waiting lists and plans to reduce and catch up with delays in planned surgery with a particular focus on the numbers of people waiting 52 weeks or longer.</li> <li>• Review of cancelled elective/ planned procedures.</li> <li>• Considering new developments and initiatives, such as the community diagnostic hubs, that are being introduced to address the backlog.</li> </ul>	<p>The information was noted, and the Panel acknowledged that primary care demand was currently extremely high, and the position had only just been recovered to a pre-covid position, with workforce challenges more keenly felt in small GP practices.</p> <p>The Panel noted that the home first approach continued with the overarching principle to discharge people home with the right support leading to the increased hours in care provision.</p>
<p><b>3. Joined up Care in Kirklees Neighbourhoods</b></p>	<p>To continue to review the work of health services in the community to include:</p> <ul style="list-style-type: none"> <li>• Assessing progress of the integration of services and workforce.</li> <li>• Considering the work that is being done locally to action the national delivery plan for recovering access to primary care.</li> <li>• An update on the work of community pharmacy and the proposals from Government and NHS on price concessions reform and relief measures to ease pressure on pharmacies.</li> </ul>	<p><u>Panel meeting 27 September 2023</u></p> <p>Representatives from the Kirklees Health and Care Partners provided an update on Joined Up Care in Kirklees Neighbourhoods.</p> <p>The Panel acknowledged that the information submitted did provide good evidence of the progress that was being made in integrated working despite the pressures in the local health and adult social care system.</p>

<p><b>4. Mental Health and Wellbeing</b></p>	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> <li>• A focus on access to inpatient services including the proposals for transforming Older People’s Mental Health Inpatient services.</li> <li>• Look at the work being undertaken by the Kirklees Integrated Wellness Service and the Thriving Kirklees Single point of Access Service with a focus on CAMHS.</li> </ul>	<p><u>Panel meeting 16 August 2023</u></p> <p>The Panel agreed to set up a formal JHOSC with Calderdale and Wakefield Council to consider the Older People’s Mental Health Inpatient Services.</p> <p>The first meeting of this JHSOSC will be on 27 November 2023 in Wakefield.</p>
<p><b>5. Managing capacity and demand</b></p>	<p>To look at the work that is being done in the community to reduce unnecessary admissions to hospital to include:</p> <ul style="list-style-type: none"> <li>• Considering the actions and initiatives to support hospital avoidance and provide the appropriate level of care and support at or closer to home.</li> <li>• To look at the work being done by the local authority and Locala on providing reablement support to include work being done pre-discharge, during discharge and post discharge.</li> <li>• To review the data on the numbers of discharges and readmissions (after 28 days) from all health care settings over the last 12 months.</li> </ul>	<p><u>Panel meeting 27 September 2023</u></p> <p>The Panel heard from representatives from the Kirklees Health and Care Partners who provided an update on managing Capacity and Demand, and was assured that necessary admissions to hospital were being reduced.</p> <p>The Panel was pleased to note that there was currently no waiting list in Kirklees for home care provision.</p>
<p><b>6. Maternity Services</b></p>	<p>To follow up on the concerns of the Panel that women who live in Kirklees are currently unable to access a birth centre located in their local district to include:</p> <ul style="list-style-type: none"> <li>• An update on the work being done by CHFT and MYHT to reintroduce birthing centres in Kirklees.</li> <li>• Establishing a timeline for the reopening of services and submission of the proposed maternity services model for Kirklees.</li> <li>• An update on maternity services workforce.</li> </ul>	<p>(A visit to Pinderfields Birthing Centre took place on Monday 16<sup>th</sup> October 2023)</p> <p><u>Panel meeting 22 November 2023</u></p> <p>The Panel heard from representatives from Mid Yorkshire Teaching NHS Trust, and Calderdale and Huddersfield Foundation NHS Trust. The Panel was satisfied that MYTT had</p>

	<ul style="list-style-type: none"> <li>Formally agreeing next steps to include the approach to communicating and publicising the issue.</li> </ul>	<p>firm proposals and timeframes to re-open the birthing unit at Dewsbury District Hospital.</p> <p>The Panel remains concerned about the continued closure of the birthing unit at Huddersfield Royal Infirmary.</p> <p>A further update in relation to next steps will be brought to the Panel early in 2024.</p>
<p><b>7. Access to dentistry - (Kirklees Issues)</b></p>	<p>To follow up on the concerns of the Panel regarding the significant delays for children requiring dental extractions under general anaesthetic to include:</p> <ul style="list-style-type: none"> <li>An update from Locala, CHFT and MYHT on the actions being taken to enable the availability of appropriately staffed theatre time to support the management of the waiting list.</li> <li>Input from the West Yorks Integrated Care Board (WYICB) to include its response to the delays as the new commissioner of dental services in West Yorkshire.</li> <li>An update following the WY JHOSC meeting on 23<sup>rd</sup> November 2023 where the West Yorkshire Integrated care board will provide information on spending / budgets, flexible commissioning, local workforce plan and the influence on national policy.</li> <li>To identify and follow up on the specific issues affecting Kirklees i.e. access to acute theatres.</li> </ul>	<p><u>Panel meeting 27 September 2023</u></p> <p>The Panel was advised that CHFT, at the time of writing of the report, had 12 children awaiting surgical dental extraction. At the time of the report preparation, 119 paediatric patients in MYTT were currently awaiting surgical dental extraction.</p> <p>The issue of access to dentists and paediatric surgical dental extraction remains an area of concern for the Panel.</p> <p>Further information will be provided to the Panel following the West Yorkshire Joint Health Scrutiny Meeting on 23 November 2023.</p> <p><u>Panel meeting 24 January 2024</u></p> <p>Following the West Yorkshire Joint Health Scrutiny Meeting on 23 September, the Panel was advised that the ICB had become the</p>

		<p>responsible commissioners for dentistry in April 2023 and outlines their medium to long-term ambition. The issue of access to NHS dentists and paediatric dental extractions remained an area of concern for the Panel.</p> <p>Further information on inequalities between Huddersfield and Dewsbury was requested, along with data for people attending A &amp; E who were registered with an NHS dentist.</p>
<p><b>8. Kirklees Safeguarding Adults Board (KSAB) and the Care Quality Commission (CQC)</b></p>	<ul style="list-style-type: none"> <li>• To receive and consider the KSAB Annual Report 2022/23 in advance of discussions with the KSAB Independent Chair to enable the Panel to identify areas of concern and/or interest.</li> <li>• Receive a presentation from the CQC on the State of Care of regulated services across Kirklees.</li> <li>• To arrange a discussion with both KSAB and CQC to help provide the Panel with an overview of the quality and safety of adult social care provision.</li> </ul>	
<p><b>9. Adult Social Care / CQC Inspection</b></p>	<p>To continue to focus on the services being delivered by Kirklees Adult Social Care to include:</p> <ul style="list-style-type: none"> <li>• Looking at the Council’s approach to preparing for the CQC inspections</li> <li>• Considering the new CQC inspection areas of responsibility to understand the assurance regime.</li> <li>• To look at emerging themes and outcomes from the CQC pilot inspection sites.</li> <li>• Receive details of the broader range of changes that the Council is developing to improve the social care offer.</li> <li>• Supported Living.</li> <li>• To consider the CQC self-assessment and development plan.</li> </ul>	<p><u>Panel meeting 26 October 2023 (informal)</u></p> <p>The Panel noted that ASC will be given five weeks notice of the inspection and the inspection could be as early as November, or up to 18 months time.</p> <p>The Panel was satisfied that the ASC team in Kirklees was well along with its preparations for the five key ‘I’ statements and the core themes emerging from pilot areas.</p>

<p><b>10. Consultation on the closure of Claremont House and Castle Grange</b></p>	<p>The Panel will consider the consultation in relation to the proposals to close 2 care home in Kirklees to focus on:</p> <ul style="list-style-type: none"> <li>• What has been done to date with the consultation.</li> <li>• Emerging themes coming out of the consultation process and how these will be addressed.</li> <li>• The plans for the remaining weeks before a decision will be formulated and decided upon by Cabinet.</li> <li>• The Integrated Impact Assessment</li> <li>• Longer term impact information</li> </ul>	<p><u>Panel meeting 22 November 2023</u></p> <p>The Panel heard from officers within Adult Social Care who outlined the proposals for approval in principle to withdraw from the long stay residential care market. The report also covered a summary of the aims, principles, methodology and emerging themes of the public consultation.</p> <p>The Panel also heard from families of residents of Claremont House and Castle Grange and the Panel heard that measures were in place to engage with and ask questions of officers of the Council. The Panel noted that individual conversations were offered to families and carers.</p> <p>The Panel requested clarity on the financial details contained within the Cabinet report. They noted the information received regarding the consultation and may to return to the issue at a later date.</p>
<p><b>11. Joined up hospital services in Kirklees.</b></p>	<p>To look at the work being developed by Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust to provide joined up services in Kirklees to include:</p> <ul style="list-style-type: none"> <li>• The approach to delivering non-surgical oncology services for Kirklees residents.</li> </ul>	



	<ul style="list-style-type: none"> <li>• The approach being taken to develop the partnership working between the two trusts including details of other services that have the potential to be jointly delivered and/or supported.</li> <li>• Data to demonstrate the benefits to patients for those services that are jointly supported and/or delivered.</li> </ul>	
<b>12. External Consultancy</b>	Adult social care has recently instructed an external commission consultant to support the identification of pathway and demand efficiencies. The commission will take the form of an exploration/analysis stage and then a potential change programme of work to embed efficiency opportunities.	<p><u>Panel meeting 26 October 2023 (informal)</u></p> <p>The Panel noted the reasons for instructing the external consultancy Newton Europe due significant challenges facing ASC over the coming years, including national and local current financial challenges.</p> <p>The Panel was satisfied that the officers, along with Newton would be in a position to deliver the transformation needed to safeguard the council and its population.</p>
<b>13. Carephones Restructure</b>	<p>The Panel will consider the decision in respect of the Key Decision Principles:</p> <ul style="list-style-type: none"> <li>• Relevant considerations – Lack of evidence that due regard has been given to the impact on service users, particularly disabled people.</li> <li>• Consult - lack of consultation with service users</li> <li>• Options considered – No detail of alternative options considered and reasons for disregarding any potential options.</li> </ul>	<p><u>Panel meeting 17 November 2023</u></p> <p>The Panel heard from signatories to the call in regarding concerns in relation to impact and consultation. Having considered the issues, the Panel requested that the stage 2 impact assessment be published with the decision, and noted the change in provision was not substantial and would not result in the removal of an elements that were already provided. The Panel was satisfied that the alternative funding streams had been</p>

		<p>considered and was content that the means tested model offered the fairest way of funding provision.</p> <p>The decision taken in relation to care phones was therefore freed for implementation.</p>
<p><b>14. Non-Surgical Oncology</b></p>	<p>To follow up the concerns of the West Yorkshire Joint Health Overview and Scrutiny Committee regarding a change in service for non-surgical Oncology:</p> <ul style="list-style-type: none"> <li>• Engagement – The rationale for choosing the locations to undertake engagement,</li> <li>• Plans to transfer inpatient services,</li> <li>• Travel and continuity of care.</li> </ul>	

Golden Threads: Workforce recruitment and retention.  
Impact of Covid-19.  
Performance data to be included where appropriate to inform the individual strands of work.  
Inequalities in health to include checking the work being done to promote the range of services and support available to deprived communities and actions/initiatives to increase uptake of services and screening programmes.

**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –  
2023/24**

MEETING DATE	ITEMS FOR DISCUSSION
5 July 2023	1. Setting the Work programme 2023/24
16 August 2023	1. Resources of the Kirklees Health and Adult Social Care Economy 2. Capacity and Demand – Kirklees Health and Adult Social Care System 3. Older people’s mental health inpatient services transformation programme
27 September 2023	1. Joined up Care in Kirklees Neighbourhoods 2. Managing Capacity and Demand.
26 October 2023 (Informal)	1. External Consultancy 2. Preparation for CQC inspection
17 November 2023	1. Carephones
22 November 2023	1. Maternity Services in Kirklees 2. Consultation on closure of Castle Grange & Claremont House
24 January 2024	1. Dentistry
28 February 2024	1. CQC - Regulated services across Kirklees 2. Adult Social Care - CQC self-assessment and development plan (to include External Consultancy) 3. Kirklees Safeguarding Adults Board Annual Report 4. Future of Dementia Care Homes
17 April 2024	1. Joined up hospital services in Kirklees 2. Non-Surgical Oncology

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

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