

Public Document Pack



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

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Wednesday 19 June 2024

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber - Town Hall, Huddersfield** at **1.00 pm** on **Thursday 27 June 2024**.

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

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

A handwritten signature in black ink, appearing to read 'S Lawton'.

Samantha Lawton

Service Director – Legal, Governance and Commissioning

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

The Health and Wellbeing Board members are:-

Member

Councillor Cathy Scott	Leader of the Council
Councillor Carole Pattison	
Councillor Mark Thompson	
Tom Brailsford	Director for Children's Services
Rachel Spencer-Henshall	Strategic Director - Corporate Strategy, Commissioning & Public Health
Richard Parry	Strategic Director - Adults and Health
Carol McKenna	Kirklees (ICB) Accountable Officer/Place-based Lead
Karen Jackson	Chief Executive, Locala
Stacey Appleyard	Kirklees Healthwatch
James Creegan	Social Care providers (nominated by Kirklees Care Association)
Christine Fox	Housing Partnership
Dale Gardiner	West Yorkshire Fire & Rescue
Chief Supt Jim Griffiths	West Yorkshire Police
Nicola Goodberry Kenneally	Chief Executive Officer, Community Pharmacy West Yorkshire
Liz Mear	Independent Chair of the Kirklees Integrated Care Board Committee
Sean Rayner	South West Yorkshire Partnership Foundation Trust
Len Richards	Mid Yorkshire Hospitals Trust
Catherine Riley	Calderdale and Huddersfield NHS Foundation Trust
Alasdair Brown	Third Sector Leaders
Dr Vanessa Taylor	University of Huddersfield
Warren Gillibrand	University of Huddersfield

Agenda

Reports or Explanatory Notes Attached

Pages

1: Appointment of Chair

The Board will appoint a chair for the meeting.

2: Membership of the Board/Apologies

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

3: Minutes of previous meeting

1 - 12

To approve the Minutes of the meeting of the Board held on the 18th January 2024.

4: Declaration of Interests

13 - 14

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.

5: 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 Board.

6: Deputations/Petitions

The Board 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.

7: Appointment of Deputy Chair

The Board will appoint a Deputy Chair for the 2024/25 municipal year.

8: Kirklees Safeguarding Adults Board Annual Report 2022/23 15 - 52

To present the 2022/2023 Kirklees Safeguarding Adults Board Annual Report.

Contact: Rob McCulloch-Graham, Independent Chair of the Kirklees Safeguarding Adults Board

9: Director of Public Health Annual Report 2023/24: Inequalities in the experience of death and dying 53 - 56

This paper highlights to the Board the Kirklees Director of Public Health (DPH) Annual Report 2023/24, entitled 'Inequalities in the experience of death and dying: What are the assets and opportunities within Kirklees communities?'

The Board will receive a presentation outlining the DPH Annual Report.

Contact: Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health, Lucy Wearmouth, Head of Improving Population Health and Owen Richardson, Data and Insight Enablement Lead for Public Health

10: Kirklees Health and Wellbeing Strategy Priorities - Mental Wellbeing 57 - 76

To update the Board on the Mental Wellbeing theme of the Health and Wellbeing Strategy priorities.

Contact: Rebecca Elliott, Public Health Manager

11: Kirklees Health and Wellbeing Strategy Priorities - Connected Care and Support 77 - 94

To provide an update to the Health and Wellbeing Board (HWBB) on the Kirklees Health and Wellbeing Strategy (KHWS) priority of 'Connected Care and Support.

Contact: Rachel Millson, Senior Planning and Development Manager.

12: Joint Health and Wellbeing Strategy - Healthy Places update 95 - 104

To update the Board on the Healthy Places theme of the Joint Health and Wellbeing Strategy.

Contact: Lucy Wearmouth, Head of Improving Population Health

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 18th January 2024

Present:

- Cllr Jackie Ramsay, Chair (Cabinet Member for Health and Social Care)
- Cllr Kath Pinnock, Kirklees Council
- Carol McKenna, Kirklees (ICB) Accountable Officer/Place-based Lead
- Richard Parry, Strategic Director for Adults and Health, Kirklees Council
- Karen Jackson, Chief Executive Locala
- Tom Brailsford, Strategic Director, Children and Families, Kirklees Council
- Catherine Riley, Associate Director of Strategy Calderdale and Huddersfield NHS Foundation Trust
- Liz Mear, Independent Chair of the Kirklees Integrated Care Board Committee
- Superintendent Jim Griffiths, West Yorkshire Police
- James Creegan, CEO of Kirklees Care Association
- Alasdair Brown, Chief Executive of Kirklees Active Leisure (KAL), representing Third Sector Leaders
- Warren Gillibrand, Acting Head of Department, Nursing, University of Huddersfield

In attendance:

- Alex Chaplin, Strategy and Policy Officer Kirklees Council
- Lucy Wearmouth, Acting Head of Improving Population Health Kirklees Council
- Jo-Anne Sanders, Service Director, Learning & Early Support Kirklees Council
- Stewart Horn, Head of Children's Integrated Commissioning, Kirklees Council
- Izzy Worswick, Associate Director, Provider Collaboratives and Planning Southwest Yorkshire Partnership NHS Foundation Trust
- Karen Huntley, Director Across Healthwatch Calderdale and Healthwatch Kirklees (Via Teams)
- Dr Kieran Lord, Service Director – Resources, Improvements & Partnerships, Kirklees Council (Via Teams)

Apologies:

- Cllr Elizabeth Reynolds - Cabinet Member for Learning and Aspiration
- Cllr Mark Thompson, Kirklees Council
- Cllr Moses Crook, Cabinet Member for Housing & Highways

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Rachel Spencer-Henshall, Strategic Director Corporate Strategy, Commissioning & Public Health, Kirklees Council
Stacey Appleyard, Director - Healthwatch Kirklees
Christine Fox, Director of Customer and Community Services, Connect Housing
Sean Rayner Director of Provider Development, Southwest Yorkshire Partnership NHS Foundation Trust
Len Richards, Chief Executive, Mid Yorkshire NHS Trust
Dr Khalid Naeem, Chair Clinical & Professional Forum, Kirklees Health and Care Partnership
Vanessa Taylor, Professor of Cancer and Palliative Care, University of Huddersfield

13 **Membership of the Board/Apologies**

Apologies were received from Cllr Elizabeth Reynolds, Cllr Mark Thompson, Rachel Spencer-Henshall, Christine Fox, Sean Rayner, Dr Khalid Naeem, and Vanessa Taylor

Lucy Wearmouth attended as sub for Rachel Spencer-Henshall, Karen Huntley, attended as sub for Stacey Appleyard, Izzy Worswick, attended as sub for Sean Raynor.

The Chair gave a note of thanks to the previous Chair Cllr Viv Kendrick and to the Nick Hardiker Deputy Chair who has retired.

14 **Minutes of previous meeting**

That the minutes of the meeting held on the 29th June 2023 be approved as a correct record.

15 **Interests**

No interests were declared.

16 **Admission of the Public**

All agenda items were considered in public session.

17 **Deputations/Petitions**

No deputations or petitions were received.

18 **Public Question Time**

No public questions were asked.

19 **Special Educational Needs and Disability Programmes**

Jo-Anne Sanders, Service Director, Learning and Early Support, provided an update on Special Education Needs and Disability Programme, thanking the Board for the opportunity to bring an update on children and young people with Special Educational Needs and Disabilities (SEND) or those who have additional needs.

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The Board was informed that the update would also provide a progress update on context and data, governance arrangements, and to share information and receive views on the refreshed SEND area strategy entitled, 'The Big Plan' and then to respond to Board questions. In addition, an update would be provided on the significant progress made towards improving things that were in the Written Statement of Action, where things currently are, and the preparation being made for the next inspection.

In summary, the Board was informed that the Health and Wellbeing Board holds the executive governance for the local area, around children and young people as they progress towards, and prepare for adulthood.

Referring to a set of slides entitled "what difference are we trying to make, and for whom," the Board was informed that there is a complex improvement agenda, so that children, young people and their families are able to achieve and succeed.

This is a complex area with a great deal of activity across the partnership, to enable children to have the best start in life from when they are born, putting all the necessary arrangements in place, to ensure that whatever their start in life, they can achieve their potential. Some children and young people need additional help and support, and it is the role of the partnership to get them that support at the earliest opportunity and support them throughout their childhood and into adulthood.

Wherever possible, the aim is to educate young people within the borough, however this is not always possible because of the specific nature of their needs. When young people can be educated locally, services can be wrapped around them in a coherent way by the partnership. It is important that there is consistency and inclusion and that can then be seen in educational outcomes, post 16 opportunities, in working life and that barriers are removed for young people to enable them to excel.

The Board was provided with the following information in terms of background and context:

- New responsibilities on health, education and social care through the Children and Family Act 2014, placed a statutory duties on all partners in local areas. Prior to that date, there were statements of special educational needs for young people in education, this moved on to what is now in place with the Education, Health and Care Plans (EHCP) providing a real impetus for partners to join together
- At the same time that the new statutory duties came into being, a new inspection regime jointly between Ofsted and CQC began to inspect local arrangements. Kirklees, was possibly one of the last local authorities under the old inspection framework to be inspected, and that inspection took place in February 2022
- There are many challenges nationally around supporting children and young people in education, health, and care, and as a result, the government published a green paper in 2023, regarding proposed changes which translated into a National improvement plan, of which they are starting to test things. For

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example, having a consistent education, health and care plan, regardless of which local authority you reside in

- It also strengthened the partnerships statutory responsibilities, and as a result they refreshed the inspection framework. Work is currently being undertaken preparing and reflecting and measuring against that new inspection framework
- In response to local ambitions, a partnership transformation plan has been developed, and that had been worked on over the last couple of years. It has had significant investment in terms of time and resources across the partnership, and green shoots are now beginning to appear, things that are making a difference
- At the highest level of governance locally, SEND reports directly to the Health and Wellbeing Board and there are good links with schools, Education Learning Partnership Board, Schools Forum and also links into the 'Starting Well' agenda

The Board was provided with an overview of statistical information relating to the number of children and young people up to the age of 25 who hold an EHCP, and how that correlates as a percentage of all school age pupils and the percentage of school age pupils who have a special educational need or a disability. The information highlighted the demand including how many new assessments for an EHCP were requested in the last 12 months, which was 1036.

The Board was informed that there has been an increase in demand, some of which is directly as a result of Covid, and this puts pressure on all partners in terms of doing everything that needs to be done to make sure there is quality education and health and care needs assessment. Preparation for adulthood is not just with the 18-25 cohort, everything is geared towards independence and transition at all stages has been identified as being crucial.

The Board was presented with contextual information with regard to expenditure from the high needs block of the dedicated schools grant. The high needs block currently funds school placements, some outreach support, special school places, alternative provision and top ups through the EHCP to mainstream schools, and opportunities for personal budgets. There is also expenditure on young people who are educated outside the local area or in independent provision potentially because their needs are such that they cannot be met in existing provision.

Ms Sanders informed the Board that the information showed that there is a significant challenge locally as current spending is in excess of the money that is coming from national government through the high needs block. As a result, Kirklees is a local area that is part of a Safety Valve Agreement, with the Department for Education and the Skills and Funding Agency, and through the SEND Transformation Plan there is a planned approach where they will help to resolve some of the deficit position. Demand is increasing, there is pressure on services, however, Kirklees is not on its own in terms of some of the challenges it faces in bringing expenditure in line with allocation. There is much to deal with in terms of being able to do the right thing, to meet need and to orientate as much of the spend to early support as is possible.

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The Board was provided with further data context with regard to the percentages of children and young people in schools in terms of ethnicity, in terms of need and young people who may have more than one characteristic. For example, a child with a special educational need who might also be looked after by the local authority.

The largest areas of growth that can currently be seen in young people are those with speech, language and communication difficulties, autism, and children and young people with social, emotional and mental health difficulties.

Referring to the presentation, the Board was provided with further information on:

- SEND pupils within wards and the location of schools as this information is important when considering sufficiency and where special schools should be located and making provision as close to where children and young people live as possible
- Educational attainment, and how Kirklees benchmarks alongside national peers in terms of key stage 2 and key stage 4 attainment for children and young people either at SEND support or with an EHCP. Kirklees is not an outlier in terms of where it sits when compared nationally, although performance is slightly lower at key stage two, there has been significant improvements in terms of closing the gap

The Board was informed that in terms of governance, work has been undertaken to refresh and re-focus the program. Previously, there had been nine workstreams and a lot of activity, and whilst not losing sight of that work and the progress made, it is an opportune time to consolidate those under three headings which will make it easier for people to understand what is to be achieved. Whether that is school partners, health partners and parent and carers.

Clear reporting lines have been introduced to ensure responsibilities are clear and to emphasise that this is a partnership and how the system will work together, and this is what gets tested as part of the inspection.

All activities are focused under three areas:

- Quality and compliance – (are we getting it right) ensuring that statutory duties are met, doing things on time and that they are of high quality. Those things are important the 'Big Plan' has been refreshed to make it really easy for people to understand. The feedback received from young people, parents and carers, raised question as to whether as a system "are we getting it right? Are things being done on time?"
- Sufficiency – (enough of the right stuff) making sure there is enough of what is needed, whether that is places, education, speech and language therapy, educational psychology, whether it is a service or a place, is there sufficient?

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- Need – (demand) is there clarity around what the needs of the population are and what the demand is? Previously mentioned was the demand for needs assessments, however, what about other things and are there opportunities to get in earlier. Having a good understanding of the local demographic and what they need is important and that there is a joint system ownership.

Ms Sanders explained that with regard to 'The Big Plan,' it started with a SEND strategy two years ago and progress has been made and people have been aware of the journey so far. Feedback had been received from the Department for Education, NHS England and through the Written Statement of Action meetings and the feedback suggested that things were moving in the right direction. The feedback from parents, carers, and schools was that it was complicated, and can it be made simpler, because if people don't understand it, how can they engage in it? The strategic intent was correct, but how can it be communicated better.

The previous strategy document had already started to move towards plain language, with the aim of being creative and bringing the strategy to life so that people will want to read it. The approach in developing The Big Plan was to work with a range of partners including Locala, PCAN, Thriving Kirklees and 63 young people have all helped to shape it.

Following feedback from young people, parents and carers, the message was clear on the importance of the language used and what and how things are said, because if people do not understand it, how can they do it. It is important to say thank you to all the young people and partners involved who helped to lead this and it was co-produced. This is a live document and not finalised and if there are any suggestions on how it can be made even more accessible, this would be welcomed.

Board members were informed that there will not be a big launch, however, were asked to raise awareness in order to make it come to life and progress towards achieving the outcomes.

The Board was provided with an update on the progress the partnership had made towards the Written Statement of Action (WSOA), following the SEND inspection. The Board was informed that during the inspection Ofsted and CQC determined that *"the delivery of the healthy Child programme, did not support the early identification of SEND and weaknesses in the areas ability across services within settings, to identify and meet the needs of children and young people who are in mainstream settings."*

In response, robust plans have been developed and colleagues from DfE and NHS England have provided challenge and support which includes:

- six quarterly reviews where monitoring review visits have taken place and to date there have been four, and were well attended by the partnership, and the fifth review will take place in February 2024
- as a result, seven commitments have been made, including improve parent, carer confidence and young people's confidence in Kirklees SEND system, increase

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the sufficiency of places and settings across the Kirklees and improve outcomes for children and young people with SEND in mainstream settings

- recently CQC and Ofsted have introduced the opportunity for an annual conversation

This is not without challenge, there is complexity of need across the local population, there are significant cost pressures, and the financial envelope is smaller than the current spend. The volume of children awaiting therapeutic input is also a challenge. There are significant challenges and those are being addressed as they come along, whether it is capacity or financial demand led pressures, however much as already been achieved and there is much to be celebrated. Getting system ownership and building on that, is important and with help, support and challenge and asking partners to take this away and reflect on what more can be done and what individual partner organisations and the Health and Wellbeing Board can do to support this work.

In response to the information presented, Board members asked a number of questions and made comment including the following:

- the inspection framework does this link to criminal justice as the evidence suggests that young people with special educational needs disproportionately enter the criminal justice system, is this part of the inspection framework and is the data on this tracked? If not is there something West Yorkshire Police can do to help?
- With regards to the preparation for working life, it is recognised that people with disabilities are often unemployed, and the level of employment among people with disabilities is much higher than in people without disabilities, what is being done as a system to remove the barriers to work?
- Project Search could be expanded because it only helps a very small number of people. It would also help as a system to look at the culture within individual organisations and look for the barriers that may be in place for people who have disabilities and think about things in a different way
- Calderdale and Huddersfield Foundation Trust (CHFT) is extensively involved in Project Search, and also have a widening participation team in the organisation looking at bringing people into the organisation from the local area, whether that is through schools or a little bit older, giving them opportunities and also helping them to develop in their roles. CHFT would be happy to be involved in any further work to develop this
- The role of the voluntary and community sector is important in this, and it would be beneficial to invite colleagues to attend a future Third Sector Leaders (TSL) meeting
- The approach taken with The Big Plan is good to see as it moves away from volumes of paper to something that is more accessible and that means more to

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the people receiving services. It would be good to see this sort of approach copied across the wider public sector going forward

- It would be useful if the information could be broken down into those with very complex needs and those with neurodiversity needs who would need different approaches to support. It is possible to be taken in by the very high numbers without taking into account how that breaks down
- It can be difficult to be optimistic when there is not enough money to meet the needs of this very important group of young people, as getting this right now is vital as it impacts on the future. This is a significant challenge because there is a need to reduce spend to meet the high needs funding block and there is no easy solution
- Ward councillors do have connections with many local groups with a wide range of different people who may be able to signpost or set up new groups, however if they do not have the information or request, then they won't do it
- It is important to be aware of the transition period into adult services wherever that cut point is, as there is a potential risk at that stage and it is important to support individuals and their families through into other services, which will look and feel quite different
- It is part of the offer, and the association represents about 160 small, medium sized enterprises in the independent sector and would be willing to support this work
- Music and drama is really important to support young people and certainly to support them through into adult life, however, it is a challenge for funding and there are lots of small VCSE groups who deal with drama and music, and they are constantly facing barriers in getting things done, and wonder if some work could be done around this?

In closing, the Chair summarised that during the discussion there have been several offers of invites to do some partnership work from various organisations and some suggestions and ideas. In addition, risks have been identified around transition, employment and criminal justice.

RESOLVED:

- That Jo-Anne Sanders be thanked for providing an update on Special Educational Needs and Disability Programmes
- Note that 'at the highest level of governance locally, SEND reports directly to the Health and Wellbeing Board'
- Note that there is significant growth in the number of EHCPs locally, in particular, for young people with speech, language and communication difficulties, autism, and children and young people with social, emotional and mental health difficulties.

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- Note that the approach in developing 'The Big Plan' has enabled a simpler more easily understood strategy.
- Note the progress the partnership had made towards the Written Statement of Action (WSoA), following the SEND inspection.
- Note both the financial and capacity challenges in providing therapeutic input.
- That Jo-Anne Sanders follow up the invitations of partnership work and the suggestions and ideas from partner organisations
- Note the risks identified around transition, employment and criminal justice

20 Kirklees Health and Care Partnership - Starting Well Programme

Stewart Horn, Head of Children's Integrated Commissioning, informed the Board that he worked in an integrated role, representing the Integrated Care Boards, and Kirklees Council's Children services. He explained that the update would focus on the new integrated governance arrangements for the health and wellbeing of children in Kirklees, called the Starting Well Program.

In summary, the Board was informed that in terms of historical context, there was the Children and Young People's Partnership Plan which ran from 2020 to 2023, and the Health and Wellbeing Board had oversight of that. The priorities in the plan included:

- To reduce the effects of poverty on children - this has now become a Council wide focus, there is a tackling poverty partnership, there are various cost of living support programmes and poverty awareness when working with families. This ensures the continual monitoring and analysing of the negative effects of poverty on children's experiences and outcomes
- To support inclusion and better outcomes for LGBT+ young people – this came out loud and clear on many of the children and young people surveys undertaken and as a result of this increase focus, a service has been commissioned to support LGBT plus children and their families as well as the agencies working around them
- To grow our youth offer, places to go, people to see, things to do – this is now the core work of the youth development programme, and various projects have been delivered including 'Our Space' which was regarding capital grants for local voluntary sector providers to improve their facilities, provisions and venues. There is the holiday activity and food program which provides activities for children in school holidays

The integrated approach to governance in Kirklees is known as the 'Well Programmes,' and the focus of the programme is to align all of the top tier strategies with the emphasis being the Health and Wellbeing Strategy. This helps the system to work together towards shared outcomes. Under the programme, there is a life course approach, which includes, Starting Well, Living Well and Aging Well.

The idea is that work is undertaken in a collaborative way with providers and Commissioners, giving everybody an equal voice at the table and everyone's view is heard. There is distributed leadership around the system where partners have been given autonomy to deliver in the best way they can, ensuring that the programs are

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partnership led. It is important that the plans are not seen as NHS or local authority plan, it is system wide, and it is hoped that partners feel sufficiently engaged.

It was felt important that there was some senior system leadership with the plans, therefore senior leaders from across the partnership lead each of the plans. Tom Brailsford as director of Children's services, has agreed to chair and lead the Starting Well Programme.

The principles worked to when developing the Well Programmes, were developed through some initial workshops, and the outcome from those workshops included the following:

- Alignment of priorities - to ensure that focus is on collective resource on the same things
- Prevention and self-management and community empowerment – and an important part of this is VCSE involvement and their sustainability
- Personalised care - is also a key principle, encouraging people to think beyond the boundaries of their host organisations and that work is undertaken collaboratively and not in competition. This is not seen as a performance framework but more of a collaboration space and a framework for system support

The Board was informed that the core aim of the Starting Well Programme, is based around one of its aligned shared outcomes, specifically, to ensure that children have the best start in life. In Kirklees, there are a number of markers, which it was an outlier for in terms of stillbirths, infant mortality, and childhood and maternal obesity. There are inequalities within these outliers, many of which relate to protected characteristics.

In addition to these issues, there are systemic issues that needs to be addressed, for example, families have said that they often have to tell their stories multiple times, and it is recognised that there isn't always a systematic approach to collecting outcomes from children and families. Where it is collected, this intelligence appropriately can inform service design and transformation.

One of the primary reasons for the development of Starting Well Board in Kirklees, was that it was recognised that there was a lack of partnership means of oversight for the program in the area. This led to some disjointed priorities and there was a need to improve systems thinking and leadership and the Starting Well Programme was a means to address that. One of the early models approached with the starting well principles, is the Families Together Programme.

Referring to the presentation, the Board was shown a diagram of the governance arrangements and the workstreams that sit under the Starting Well Programme. The governance arrangements includes the Starting Well Board, Early Years Programme Board, Youth Development Programme Board, Early Support Partnership Steering Committee Group, and Childrens Emotional Health and Wellbeing Partnership.

The Families Together Programme is one of the first examples of the starting well approach. The Board's attention was drawn to the branding that has been adopted and developed and partners were encouraged to use the branding wherever

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possible to promote the approach and make everyone aware of families together as a principal. There are a range of slides and headers that people can adopt.

Families together comes from the national Family Hubs program, which is driven by the Department of Health and Social Care and Department for Education. This program was designed to help provide support to parents and carers to enable them to nurture their babies and children, improving healthcare and education outcomes for all, and to contribute to a reduction in health inequalities. It will also help to build the evidence base for what works for future services. This national program did come with some funding opportunities, unfortunately, Kirklees was not successful, however it was decided to still work to the principals.

The Board was informed that work is being undertaken to progress that approach in Kirklees, whilst recognising that advances may not progress as quickly as some neighbouring authorities, due to the funding issue. In Kirklees, Families Together has been defined as a place-based integrated early support offer to children, young people and families aged 0-19 or up to 25 where the children have special education needs and disabilities. It is a principle of whole family working and was approved at Cabinet in 2021.

It is split into four geographical areas which have some physical sites however, it is about how organisations in the area are co-ordinated and to help with that, some Families together area partnerships have been funded and are led by voluntary sector organisations. The four main sites are:

- Huddersfield (Chestnut Children's Centre)
- Dewsbury and Mirfield (Dewsbury Moor Children's Centre)
- Kirklees Rural (Slaithwaite Town Hall)
- Batley and Spen (Birstall & Birkenshaw Children's Centre)

It is still very much in its infancy; however, progress is already being seen and it is important that there is this governance process to show accountability for priorities and supportive challenge which will ultimately lead back up to the Health and Wellbeing Board.

In response to the information presented, Board members asked a number of questions and made comments including the following:

- There has been quite a transformation and change, and it is good to see it actually coming together and the real test is how to move this model going forward.
- One of the areas mentioned in the presentation was with regard to workforce training, particularly the example given about families having to tell their stories over and over again and it has been like that for a long time. It is important to move away from that, and workforce training is one way to enable different sectors to understand how each other works and doing things in the same way instead of doing things in their own way. It would be positive to put some effort into that, and it would include the public sector, the health agencies, VCs and the University all working together, people being trained in the same room

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- Recognising that this is still at an early stage, from the information presented there are some outputs in terms of information being sent out to ensure that people understand about the services. In trying to understand what the outcomes will be, because in some places these are to be determined and other places it will link into strategies, it would be good if there could be clarity on what the expected outcomes will be from these outputs and if possible likely timescales

In closing, the Chair summarised that during the discussion there were a couple of issues to take away. Firstly, how can partners work together to build up training programs with the aim of everyone speaking the same language. Secondly, work on articulating outcomes including timelines.

RESOLVED:

That:

- Stewart Horn be thanked for providing an update on Kirklees Health and Care Partnership – Starting Well Programme
- consideration be given to how partners can work together to build up training programs with the aim of organisations speaking the same language
- work is undertaken on articulating outcomes including timelines

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	27th June 2024
TITLE OF PAPER:	Kirklees Safeguarding Adults Board Annual Report
1. Purpose of paper	To present the 2022/2023 Kirklees Safeguarding Adults Board Annual Report.
2. Background	<p>2.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership which brings together the main organisations working with adults at risk of abuse or neglect. Hosted by the Local Authority, its membership includes: the Council, West Yorkshire Police and Integrated Care Board, with further membership from NHS organisations, public health and West Yorkshire Fire and Rescue Service. Its core purpose is to help and protect adults at risk in its area.</p> <p>2.2 Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the Board’s performance framework, each partner submits an Agency Highlight Report to the Quality and Performance Subgroup which details safeguarding and work stream activity from the last quarter.</p> <p>2.3 The Board seeks assurance for each organisations approach to safeguarding adults through the Boards Annual Challenge Event and Substructures. The Strategic Delivery Group membership includes colleagues from other Strategic Partnerships such as The Kirklees Community Safety Partnership and Kirklees Children Safeguarding Partnership.</p> <p>2.4 The KSAB annual report outlines the work undertaken by all of our partners to improve the lives of our citizens, to remove risk and encourage our communities to thrive. In so doing we continue to assure ourselves that our practices are relevant and safeguard those adults in need</p> <p>2.5 The principal purpose of the Board’s annual report is to identify progress made over the past 12 months against the intentions laid out in the Board’s Strategic Plan (which is a rolling 3-year plan updated annually alongside the Board’s annual report), which lays out the Board’s work programme for the next 12 months</p> <p>2.6 At the beginning of 2022-23 the Board agreed the following shared objectives, concentrating on a number of areas of focus which had multi-agency priority importance, and which comply with our strategic priorities and cross-cutting themes. The Board continues to have full partner consultation working on our shared areas of need.</p> <p>The agreed shared objectives for 2022-23 were:</p> <ul style="list-style-type: none"> Supporting the workforce Learning from Experience Partnership Working Community and Public Engagement <p>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’.</p>
3. Proposal	<p>3.1 The document is being presented to the Health and Wellbeing Board as it is the forum where key leaders from the health and social care system in Kirklees work together to improve</p>

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

<p>the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services.</p> <p>3.2 As part of this role the Health and Wellbeing Board receives the KSAB Annual Report which helps to further develop a shared understanding of the Board’s responsibilities and priorities and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.</p>
<p>4. Financial Implications</p> <p>None</p>
<p>5. Sign off</p> <p>Richard Parry, Strategic Director for Adults and Health, Kirklees Council</p>
<p>6. Next Steps</p> <p>6.1 The Annual Report has already been signed off by the members of the Board and is Published on the Kirklees Safeguarding Adults Board Webpages.</p>
<p>7. Recommendations</p> <p>7.1 To receive the Kirklees Safeguarding Adults Board Annual Report 2022/23.</p>
<p>8. Contact Officer</p> <p>Robert McCulloch-Graham, Independent Chair, Kirklees Safeguarding Adults Board.</p>

Kirklees Safeguarding Adults Board

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,

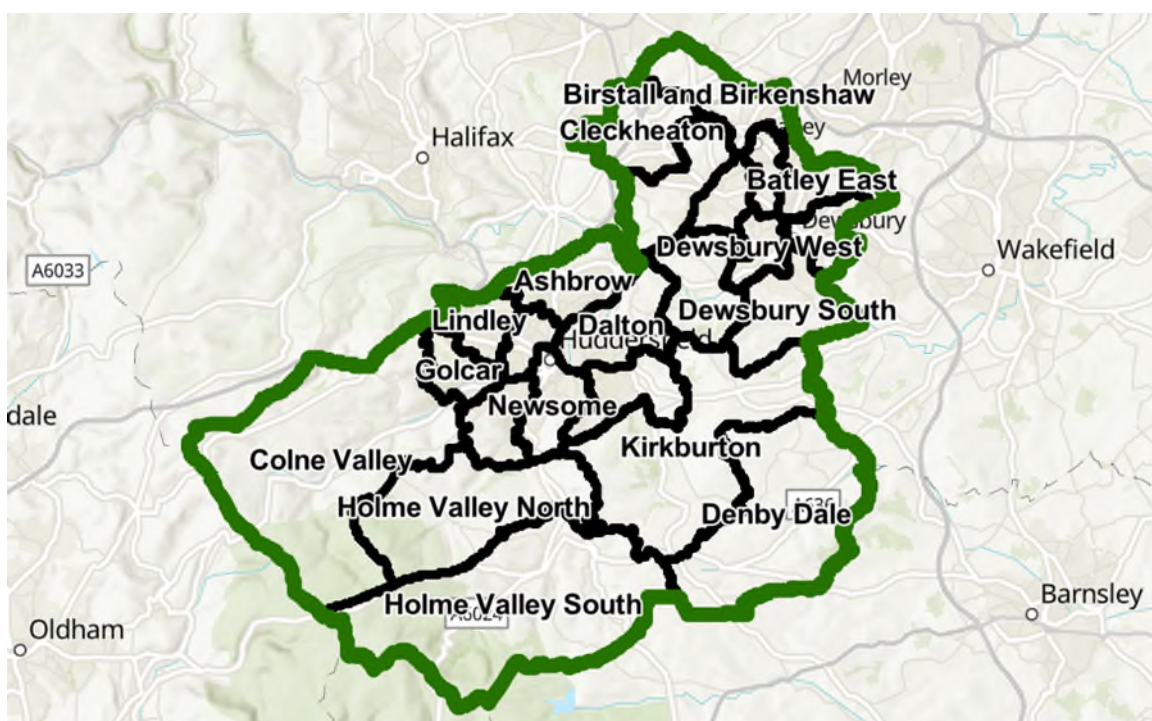
A handwritten signature in black ink, appearing to be 'R. McCulloch-Graham', written in a cursive style.

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.

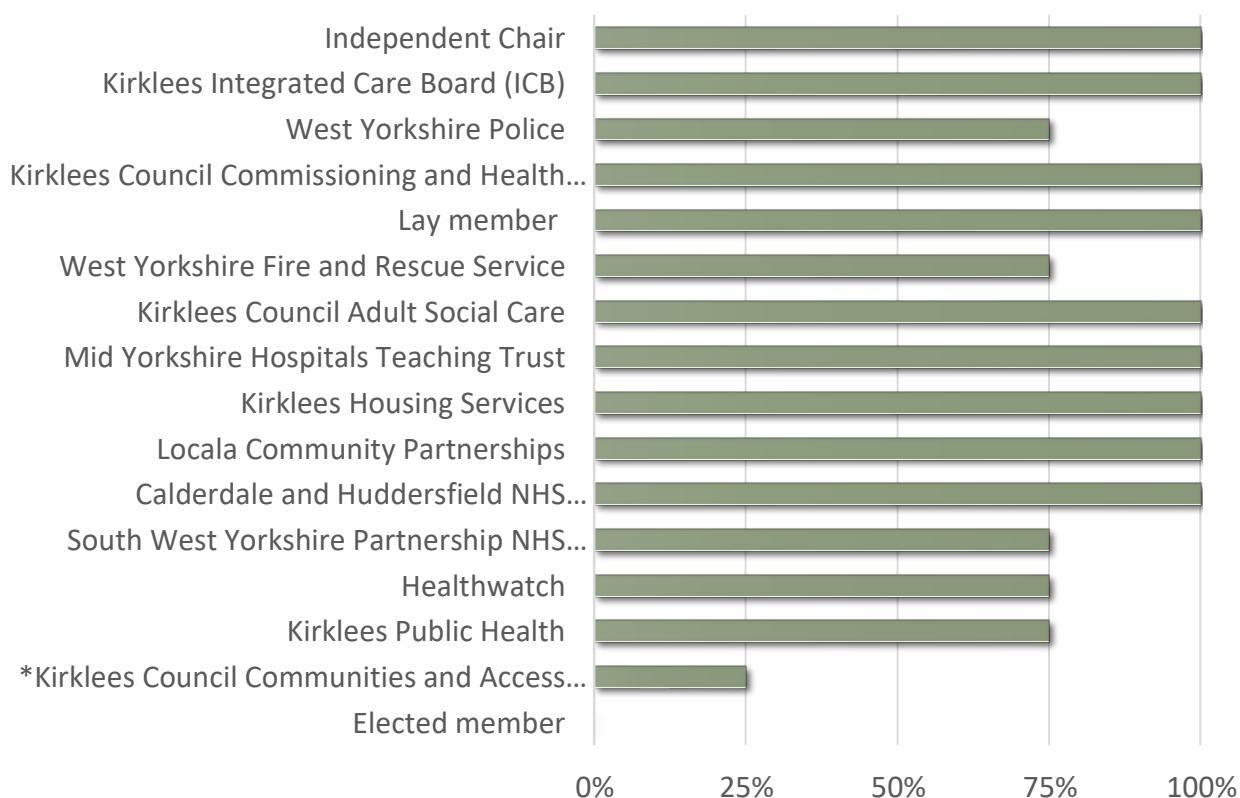
Our vision is 'To work together to take action to keep the people of Kirklees safe from abuse and neglect - putting people at the heart of everything we do'. We will work to the recognised six safeguarding principles:

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

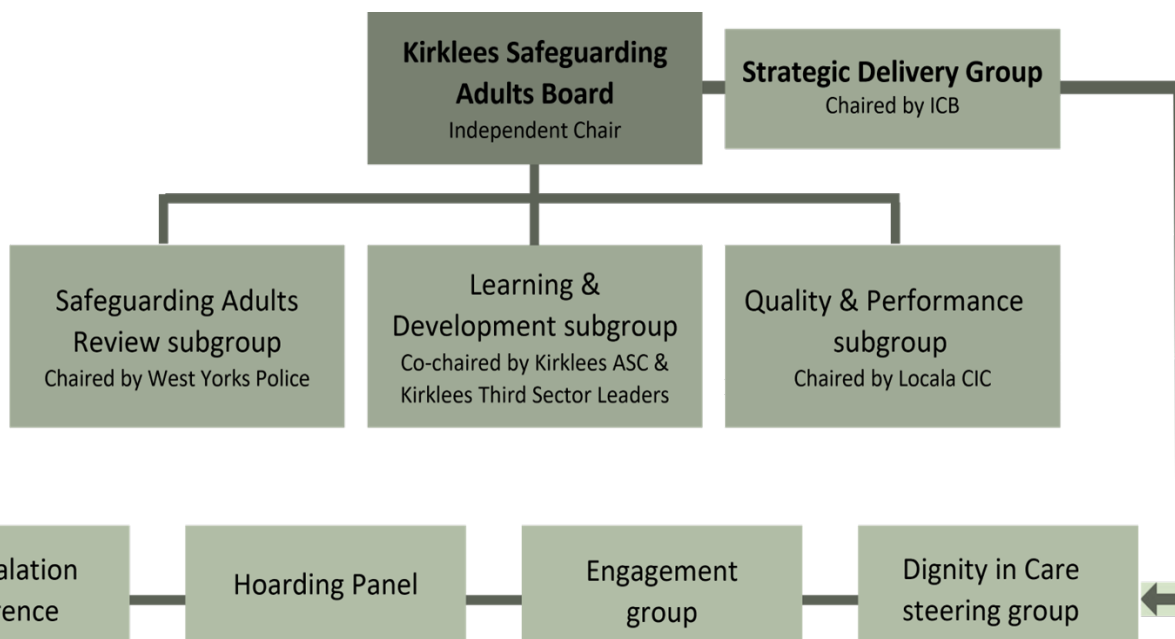
The Board Structure

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.



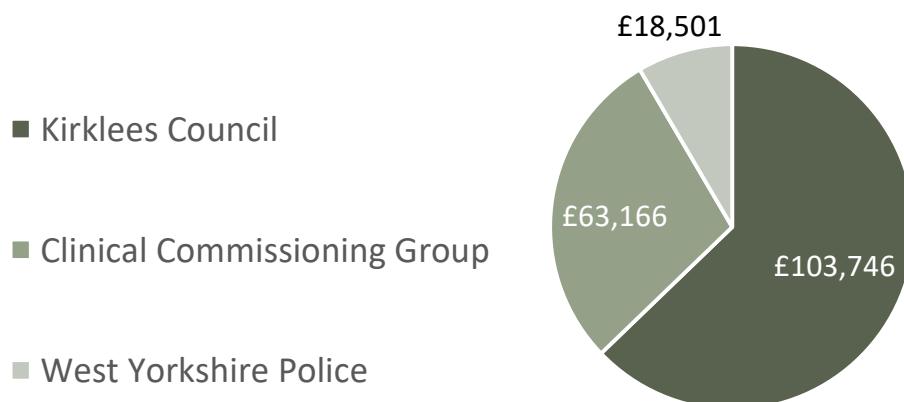
Resourcing the Kirklees Safeguarding Adults Board

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

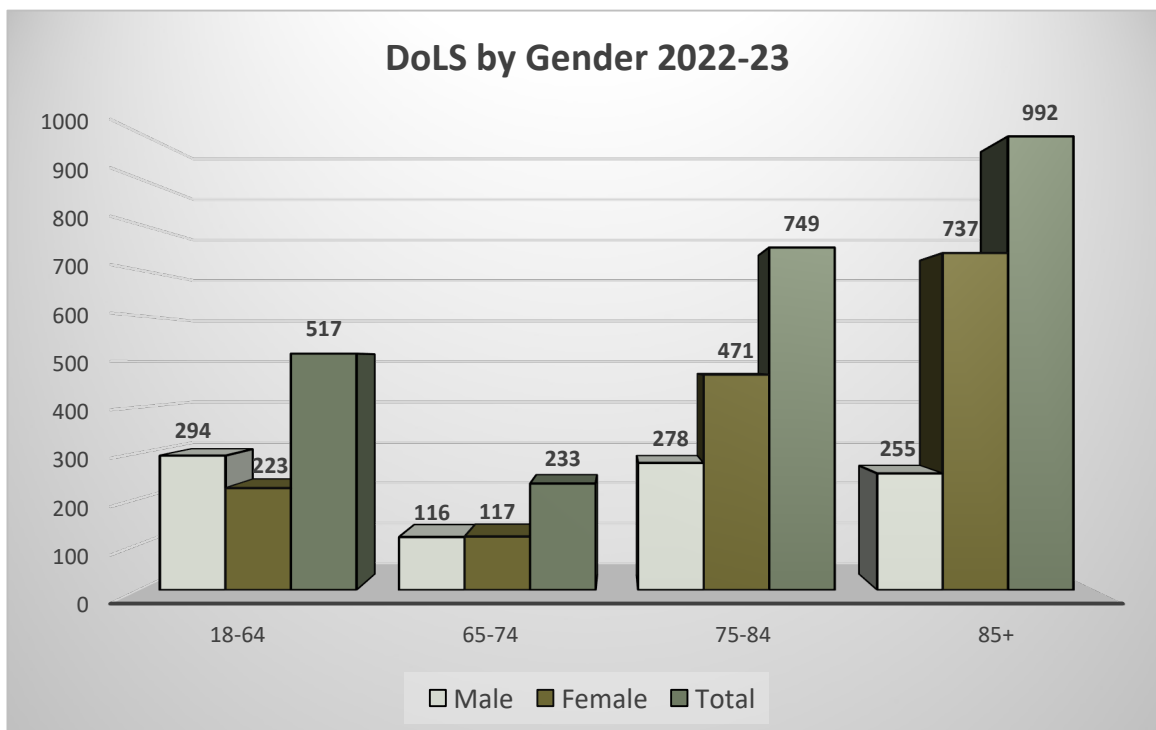
The Deprivation of Liberty Safeguards (DoLS) procedure is designed to protect your rights if you are, or may become, deprived of your liberty in a hospital or care home in England or Wales, and you lack mental capacity to consent to those arrangements. (AgeUK Deprivation of Liberty Safeguards factsheet, 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
2022/23	1927	525	39	2491

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

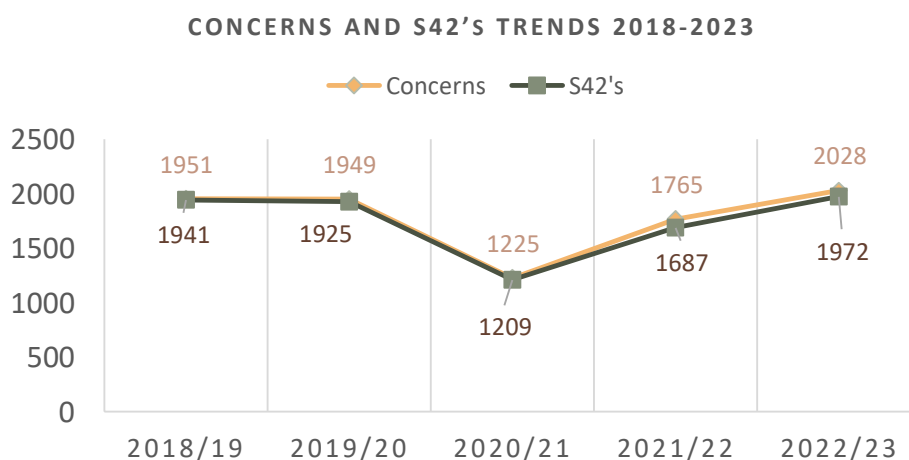
NB: 'Other' refers to requests that were either withdrawn due to change of circumstance or were requests awaiting sign off at the end of the reporting period.



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
	943	1548	2491

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.

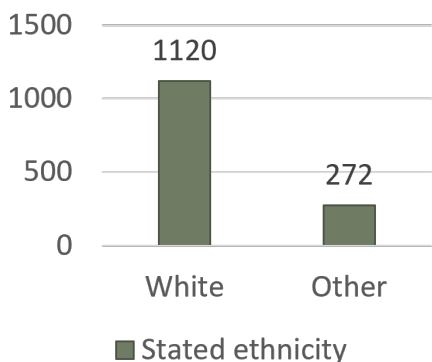
Information in relation to Section 42 enquiries 2022-23

2,028
Concerns raised during the year

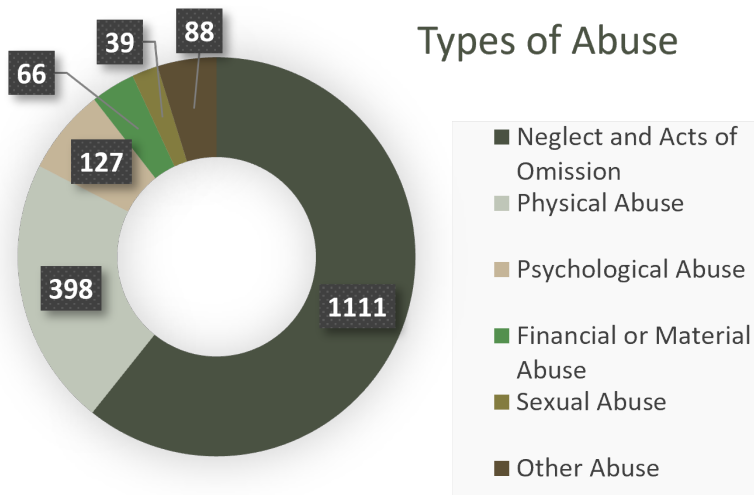


1,972
Resulted in Section 42 enquiries

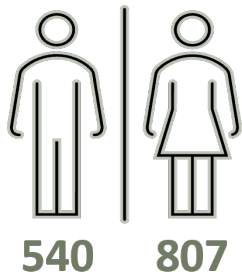
Stated ethnicity



Types of Abuse



Gender profile



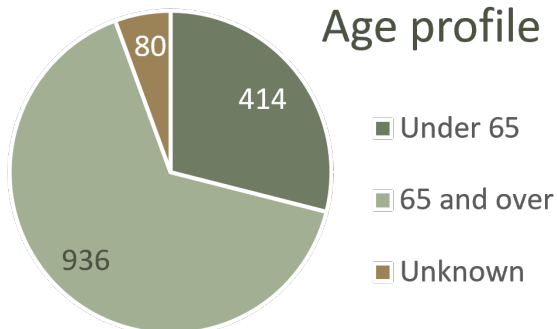
45 were categorised as Unknown/other

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

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

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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KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 27/06/24
TITLE OF PAPER: Director of Public Health Annual Report 2023/24: Inequalities in the experience of death and dying
<p>1. Purpose of paper</p> <p>This paper highlights to the Board the Kirklees Director of Public Health (DPH) Annual Report 2023/24, entitled ‘Inequalities in the experience of death and dying: What are the assets and opportunities within Kirklees communities?’</p> <p>Directors of Public Health have a statutory requirement to write an annual report on the health of their population. The focus of the report is chosen by the DPH and its aim is to inform local people about the health of their community as well as inform decision-makers on health gaps and priorities that need to be addressed.</p> <p>This paper outlines the purpose and content of the 2023/24 DPH report, which the Board can use to support the promotion of the report findings and the implementation of its recommendations.</p>
<p>2. Background</p> <p>Over 3,800 people in Kirklees die every year. For three quarters of these people, death is a gradual process which happens over days, weeks, months, or years. In these cases, dying becomes an evolving part of life that may lead to rising administrative and financial burdens, complex conversations with family and friends, and increasing contact with health and social care.</p> <p>Death and dying is experienced uniquely; Kirklees has a wealth of diverse communities who all have different customs and rituals in relationship to death. Some people are able to plan for and experience a death which is within their control, in a setting of their choosing and with the people who they love. Sadly, evidence shows us that some groups of people are more likely to experience a traumatic, stressful or unplanned death.</p> <p>This report comprehensively explores these inequalities at a local level, through examination of existing evidence and through direct conversations with representatives from a range of organisations across the Kirklees system, working with population groups known to experience greater inequalities.</p> <p>The 2023/24 DPH report is presented as a series of web pages, including national and local contextual information, alongside case studies and recommendations. The report also includes a short animated summary, and an Executive Summary and Plain English Summary in accessible PDF format.</p> <p>By reading the report and recommendations, people and organisations will gain an improved understanding of the inequalities experienced around death and dying. By listening to the stories and experiences of our partners and by working together, we can help to reduce these inequalities and reduce the impact on individuals, families and communities. Finally, by talking about this report to family, friends, colleagues, and partners, we can all help to normalise these challenging conversations.</p>

<p>3. Proposal</p> <p>The Board is asked to endorse the findings and recommendations in the DPH Annual Report, to instigate actions within their own organisations and to support partnership working to address issues relating to inequalities in the experience of death and dying across Kirklees.</p>
<p>4. Financial Implications</p> <p>None</p>
<p>5. Sign off</p> <p>Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health</p>
<p>6. Next Steps</p> <p>The report will be published on the Council’s web site and will be promoted by the Council’s Comms Team via the usual channels.</p> <p>The Health and Care Partnership’s Dying Well Programme Board is arranging a dedicated session to focus on the findings from this report.</p> <p>A slide deck will also be made available to help support partners to disseminate the findings across organisations.</p>
<p>7. Recommendations</p> <p>It is intended that Board members will make use of and disseminate the DPH report, to support the reduction in inequalities at end of life through adoption of report recommendations. Overarching system recommendations include:</p> <ul style="list-style-type: none"> • Encourage conversations about death and managing a life-limiting condition, to better understand people’s wishes and help them put plans in place; focus on what matters most to them. • Educate staff in how to have death-positive conversations, and raise awareness of services and options amongst patients, carers, relatives and staff. • Enable people to make decisions that suit their individual needs, by using a person-centred approach and developing improved support mechanisms. • Expand the support currently offered and provided, by building on existing community assets and examples of good practice. • Evolve services as population demographics and generational attitudes change, co-designing with communities to ensure language and support are inclusive and equitable; recognise how good palliative and end-of-life care can have a positive impact on every part of the health and care system. Primary health care and community services could consider developing and piloting new pathways into palliative care. • Read this report in conjunction with other local and regional evidence. <p>The full report includes more detailed recommendations and will be available via the Kirklees Council web site: https://www.kirklees.gov.uk/beta/delivering-services/public-health-annual-reports.aspx</p>
<p>8. Contact Officer</p> <p>Rachel Spencer-Henshall, Strategic Director – Corporate Strategy, Commissioning and Public Health, rachel.spencer-henshall@kirklees.gov.uk</p> <p>Lucy Wearmouth, Head of Improving Population Health, lucy.wearmouth@kirklees.gov.uk</p>

Owen Richardson, Data and Insight Enablement Lead for Public Health,
owen.richardson@kirklees.gov.uk

Rebecca Gunn, Public Health Manager, rebecca.gunn@kirklees.gov.uk

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Kirklees Health and Wellbeing Strategy 2022

Deep dive – Trauma informed organisations and systems

Mental Wellbeing Priority

Becky Elliott- Public Health Manager

Emm Irving

Head of Improving Population Health – West Yorkshire ICB

Working together with people with lived experience and colleagues across all sectors and organisations to ensure WY is a trauma informed and responsive system by 2030 and develop a whole system approach to tackling multiple disadvantage.

War

Pandemics

Poverty

Energy Crisis

Food Crisis

Violence

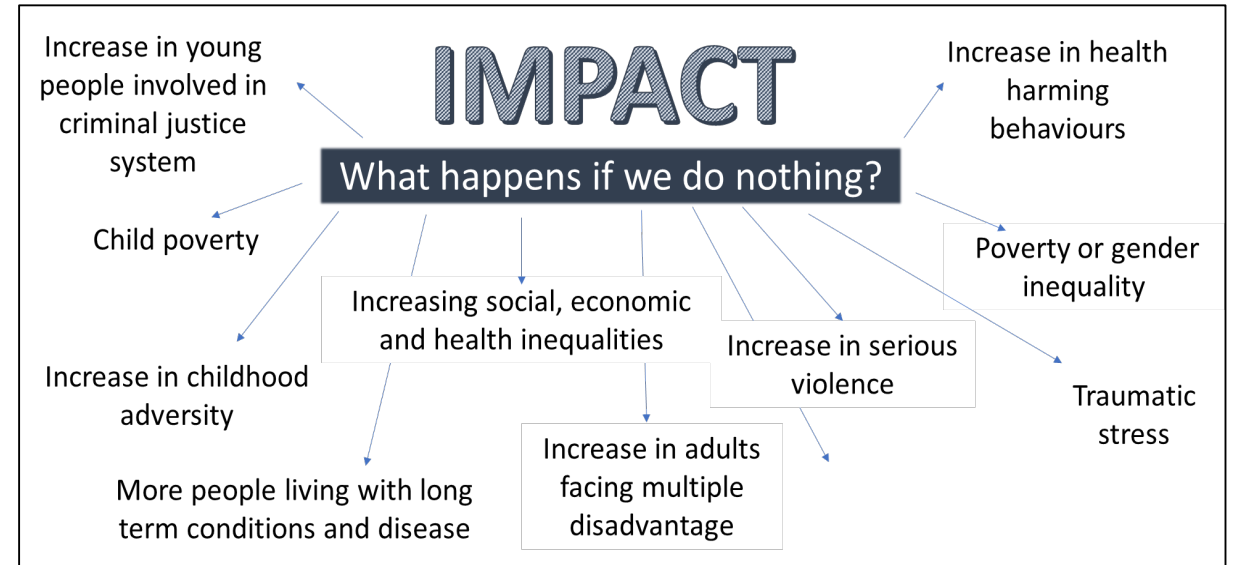
Inequalities & Trauma

A WORLD IN CRISIS



ECONOMIC STRAIN
INCREASED DEMAND
COLLABORATION

POLICY CONTEXT
SHARED AMBITION
LEADERSHIP



Parity of esteem between prevention and intervention

“ There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in. ”
- Desmond Tutu

PREVENTION



Working together with people with lived experience and colleagues across all sectors and organisations to ensure WY is a trauma informed and responsive system by 2030 and develop a whole system approach to tackling multiple disadvantage.

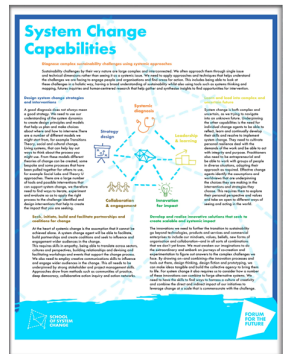
- a) All organisation in West Yorkshire becoming trauma-informed
- b) ATR Foundation Training for all staff appropriate to job role (including managers and leaders) – akin to safeguarding
- c) Embedding trauma informed reflective practice and restorative supervision across all organisations to support the health and wellbeing of the West Yorkshire workforce
- d) Prevention - moving upstream, early intervention, improved access and crucially investment to achieve the ambition. Prevention is possible, with long-term, cross sector commitment and investment in what works
- e) Ongoing support to grow local ATR partnerships, either newly created or built on existing MA partnerships that focus on helping vulnerable people.



Capability (capabilities for system change)

With the growing awareness and need to address complex challenges that the world faces we believe we need to rapidly grow the number of people who can think and act systemically and implement radical change. (Systems change Education.com)

Training Mapping,
Knowledge & Skills Framework,
ATR Fellowship,
ATR Prison Officer role HMP Leads,
Continuation of ATR Foundation Training,
HMP Wealstun – becoming a TI Prison,

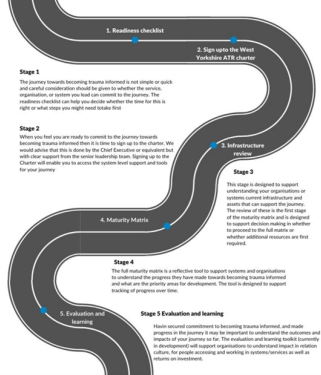


The ability to do something different

- **Understand the system** – what change are we trying to make
- **Leadership and Learning** – How will we make the change happen
- **Innovation** -not doing different things, but doing them differently
- **Collaboration and Engagement** – People own what they create
- **Strategy and design** - Identify the problem and work together



ADVERSITY TRAUMA AND RESILIENCE ROADMAP

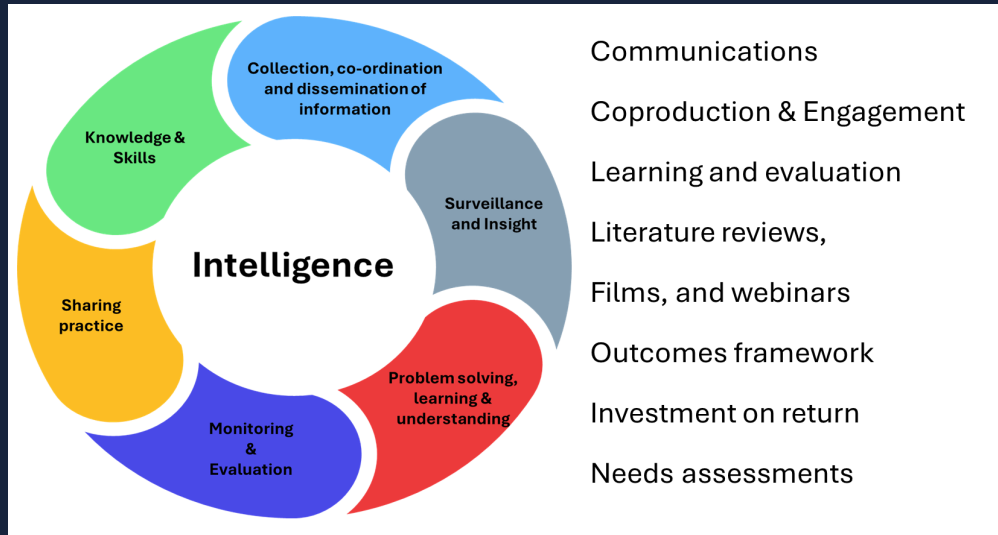


Capacity – For change

‘System-level outcomes are insufficient to produce systems change. True systems change requires solutions to be embedded deeply enough that they can self-perpetuate’
(Misra, S., & Guerrero, M. (2024))

	Strategic support for TI system change - Steering group/oversight committee	Conditions for implementation - and relationships	System readiness	Coordination resource is available	
Consistently present	There is strategic support for the development of trauma informed practice. This is actively supported by chief executive or equivalent and the unified support of a board or executive committee which has the ability to commit resources required.	There is a steering group or taskforce which has oversight of change. There are clear lines of accountability and responsibility in reporting to this group for implementation.	There is a openness to going and receiving challenge with the conditions for this are psychologically safe. This includes and understanding and acknowledgement of power dynamics in this and steps are taken to address them.	There is an appreciation of the stakeholder groups that need to be involved in trauma informed system change. How these groups interact with each other and the ways in which they are served are understood.	There is adequate resource which is dedicated to describing, implementing and supporting system change. The individuals have the authority for delegated responsibility to make decisions and take actions required.
Emerging but inconsistent	There is some strategic support visible on board or executive structure however this is not consistent and securing the support of relevant functions is still required.	There is a group which has adopted responsibility for oversight of trauma informed system change. This group however also maintains other accountabilitys and the implementation of TI change is just emerging.	The conditions for challenge are inconsistent and vary across the system/structure or by who is providing the challenge. There may be areas which are considered or left to be left for trauma informed change.	There is some knowledge of the different stakeholder groups that are required to be involved in trauma informed system change. This picture is incomplete and the roles of each are not fully understood.	There is identified resource to implement and support system change, this however is not dedicated and is an additional responsibility, or the resource does not meet exactly what is required for change.
Not present	There is no, or very little support strategic support enables trauma informed system change.	There is no group which provides oversight of trauma informed system change. The hierarchical implementation of trauma informed change is not clear.	Challenge is not considered to be psychologically safe. The hierarchical structures which are in place to not facilitate constructive challenge or consider power differentials.	There is little or no understanding of the various groups within the system that are required to support trauma informed system change.	There is no dedicated resource to support and support system change.

Attachment: Consider the examples for each of the stages and reflect which is the best fit for the organisation, service or system you are...



- Communications
- Coproduction & Engagement
- Learning and evaluation
- Literature reviews, Films, and webinars
- Outcomes framework
- Investment on return
- Needs assessments

Becky Elliott

Public Health Manager – Kirklees Council

Kirklees Council - pledge

Kirklees is committed to reducing health inequalities across the life course and tackling the risk factors that contribute towards adversity and trauma. Now more than ever, we are focused on working at place level and working with communities to really understand how we can build upon local assets and enhance protective factors for resilience. I pledge to support the ambition for WY to be trauma informed and responsive by 2030, by sharing best practice and working in an integrated way to support those facing multiple disadvantages in the best way possible

Kirklees Council – key milestones so far.....

		Overall RAG		Project Summary
Lead:	Becky Elliott and Mary White	Previous	Current	Working towards the pledge of becoming a trauma informed organisation by 2030, we are utilising the trauma informed maturity matrix developed by WY ICB ATR programme, to help us benchmark where we are currently, and what actions we need to move us forward.
Date:	5/6/24			

Successes	<ol style="list-style-type: none"> 1. Presenting to the Health and Wellbeing Board on this agenda in January 2023 2. Presenting to the Health and Care Partnership forum in October 2023 3. Testing of maturity matrix with Tackling Poverty Partnership 4. Development of partnership steering group – leaders in partner organisations to learn from each other 5. Presenting at the recent knowledge exchange event in March 2024
Current Challenges (Resources, Budget, Timescales)	<ol style="list-style-type: none"> 1. Coordination resource for the agenda is limited and there is no overarching strategy for trauma informed approaches in Kirklees
Upcoming Milestones	<ol style="list-style-type: none"> 1. Development of a trauma informed landing page for intranet 2. Presenting to Kirklees Health Inclusion Group 3. Upcoming 'Trauma informed organisation' workstream at WY ICB 4. Completing the readiness checklist on behalf of the council 5. Presenting to Kirklees Health Inclusion group meeting – July 2024

Kirklees Council - Overview

		Overall RAG		Project Summary
Lead:	Kirklees Council	Previous	Current	This slide represents various examples of trauma informed work across the Council, with updates from Educational Psychology, Employee Healthcare and Children's Services.
Date:	27/6/24			

Successes	<p>Educational Psychology</p> <ol style="list-style-type: none"> 1. Following the success of the Alex Timpson programme and Kirklees being nationally recognised as an LA where there is strong TI support (Attachment and trauma awareness: good practice in local authorities — (ox.ac.uk), the service offer has expanded and incorporated learning from the programme. This has allowed for enhanced support across all schools. 2. There is an extensive training offer for all schools. All training is well attended with positive feedback. 3. Bespoke support is available to individual schools for pupils and whole school development through the KKiM and Children in Care offer <p>Employee Healthcare</p> <ol style="list-style-type: none"> 1. Neurodiversity pathway. 2. Holistic stress referral pathway. <p>Children's Services</p> <ol style="list-style-type: none"> 1. Implementation of a formulation based approach e.g. Emotional wellbeing team 2. New beginnings (pre birth practice model) adopting a trauma informed approach via a new roles such as a contact liaison officer and the formulation meeting replacing the existing children in need meeting at the start of the assessment process 3. Research in Practice Change project - a focus on trauma informed organisations
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Kirklees Council - Overview

		Overall RAG		Project Summary
Lead:	Kirklees Council	Previous	Current	This slide represents various examples of trauma informed work across the Council, with updates from Educational Psychology, Employee Healthcare and Children's Services.
Date:	27/6/24			

<p>Current Challenges (Resources, Budget, Timescales)</p>	<p>Educational Psychology</p> <ol style="list-style-type: none"> 1. There has been a reduction in the Educational Psychology budget as part of the KKiM offer. <p>Employee Healthcare</p> <ol style="list-style-type: none"> 1. Cost of living pressure on service users – adds to stress, poor mental health etc. <p>Childrens Services</p> <ol style="list-style-type: none"> 1. Timescales being met with certain aspects of the assessment process
<p>Upcoming Milestones</p>	<p>Educational Psychology</p> <ol style="list-style-type: none"> 1. The EP service are conducting a pilot in partnership with the WYATR education work steam focussing on the use of trauma informed language in schools and across services. <p>Employee Healthcare</p> <ol style="list-style-type: none"> 1. Supporting Apprenticeships in the workplace. <p>Children's Services</p> <ol style="list-style-type: none"> 1. 100 cases following the new beginnings model

Allistair Christie and Joanne Watkinson

Calderdale and Huddersfield Foundation Trust

CHFT BLOSM Service

		Overall RAG		Project Summary
Lead:	Alistair Christie BLOSM Service Lead/Joanne Watkinson BLOSM Operations Manager	Previous	Current	The CHFT BLOSM service has been funded by both the West Yorkshire Health & Care Partnership and the West Yorkshire Violence Reduction Partnership to introduce the principles of Trauma Informed Practice into our Emergency Departments at Calderdale and Huddersfield NHS Foundation Trust. The initial focus on achieving this has been through our Youth Navigator pilot which has focused on identifying and proactively engaging with vulnerable young people aged 11-25 who have attended ED and may require further social/wellbeing support and offer advice, guidance and signposting into relevant community support. As the project has developed, we have looked at ways of supporting people from all ages attending ED and we have developed over 40 community referral pathways which are bespoke to ED. We have also recently looked to expand our team through close networks with community drug and alcohol services and we are close to introducing recovery navigators into each of our EDs. We have also had a big focus on how we train our workforce in ED and the wider trust and we remain focused on becoming a trauma informed organisation by 2030. We have worked closely from colleagues across multiple sectors to help develop our training module and ensure that it is relevant and engaging.
Date:	23/05/24	n/a		

Successes	<ol style="list-style-type: none"> 1. Introduction of principles of Trauma Informed practice across the BLOSM team specifically through our Youth Navigator Pilot which went live in January 2023. 2. We are proud to be part of the West Yorkshire Adversity Trauma and Resilience working group led by the West Yorkshire Health and Care Partnership and BLOSM service lead has recently completed ATR fellowship. 3. A bespoke trauma informed safeguarding training day developed and delivered by BLOSM to ED nursing and medical colleagues since 2022. 4. Developing stronger links and networks across both Kirklees and Calderdale, getting buy in from community services and developing our team eg adding recovery navigators. (There’s many more)!
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CHFT BLOSM Service

<p>Current Challenges (Resources, Budget, Timescales)</p>	<ol style="list-style-type: none">1. Securing longer term funding past our current funding model which ends in March 2025.2. Current financial challenges within the Trust and across local authorities impacting on the day to day running of the service.3. The impact year on year funding has had on retention of staff who have received the training and the need to recruit and retrain new starters.
<p>Upcoming Milestones</p>	<ol style="list-style-type: none">1. The introduction of a CHFT substance care team within the BLOSM service2. We are currently underway with an external evaluation of our service which has been funded through the Violence Reduction Partnership and will look at the impact our service has had since it was introduced back in early 2023.3. We are looking at further establishing our service within CHFT by recruiting our own Youth Navigators – have been using an external youth service who have provided staff up until this point.

Catherina Westwood

South West Yorkshire Foundation Trust

Title: SWYPFT

		Overall RAG		Project Summary
Lead:	Tracey Smith Catherina Westwood	Previous	Current	Phase 3 of the programme will focus on supporting sustainable changes to behaviours and practice, by continuing the operationalisation of the evaluated framework and ensuring the 'golden thread' is woven throughout everything we do.
Date:	May 2024			
Successes		<ol style="list-style-type: none"> 1. Codesigned trauma informed awareness training was signed off in January 2023 for delivery. Train the Trainer session for staff and Experts by Experience to co-deliver training - TI awareness – May 2024 2. Programme of Community of Practice forums scheduled – March 2024 3. Being trauma informed and recovery focussed is being woven through all Priority Programmes - Embedding the TI approach (training/ROOTS/action plans/ policies and procedures) – Sept 2024 		
Current Challenges (Resources, Budget, Timescales)		Insufficient time and resource from teams and services to engage and implement any changes viewed as being necessary to support TI developments will impact on the success of adoption and spread across the Trust. Lack of engagement from services and support to the changes from internal and external stakeholders and conflicting priorities at the Trust will impact on the success of adoption and spread across the Trust		
Upcoming Milestones		<ol style="list-style-type: none"> 1. Development of TI "Lens tool" – June 2024 2. Launch of mandatory training - eLearning package – Sept 24 3. Building in being trauma informed into health and wellbeing support for staff 		

Louise Seddon

Kirklees Council and Locala

Title: Locala

		Overall RAG		Project Summary
Lead:	Cheryl Beirne	Previous	Current	Locala's brand new Thrive Strategy outlines that through compassionate and inclusive leadership, we aim to ensure all colleagues feel psychologically safe to speak up and learn from when things go wrong, as well as when things go well. When coupled with listening and learning from the feedback of people and our communities we will grow a culture focused on ensuring safety through learning in everything we do. We will be a trauma informed organisation, recognising how trauma in people's lives can impact hugely on their health and wellbeing and we will do this through ensuring our colleagues all have the skills and understanding to work in this way. We acknowledge that trauma impacts on our workforce, as well as those we are caring for.
Date:	26 th June 2024			
Successes		<ol style="list-style-type: none"> 1. Becoming a Trauma Informed Organisation is in our Locala Strategy demonstrating support from our executive structure. 2. We are already working towards a TI culture, We are commitment to developing compassionate leaders and well-being provision being high on our agenda and well underway, eg supervision provision and expectations, safe space plans, LEAD training programme for all managers, personalised approaches, self-management teams, coaching conversations. 3. We are invested in listening, co-production and delivery of services that delivers trauma informed care, care that is done with rather than to people. 		
Current Challenges (Resources, Budget, Timescales)		<ol style="list-style-type: none"> 1. Still working towards developing a full-time post for the full fruition of TIO work. 2. Training provision limited due to capacity in the system of trainers. 3. Organisational changes, lack of co-ordination, lack of funding for services 		
Upcoming Milestones		<ol style="list-style-type: none"> 1. To work towards whole system understanding of trauma informed organisational factors. 2. Developing and delivering a range of training offers to support widespread understanding of this agenda and how to deliver TI care. 3. Change of government (potentially) 		

Questions for board

1. Are you working towards becoming a trauma informed organisation and do you have any best practice you could share?
2. How can the Board support us to engage practitioners and strategic leaders across the partnership?
3. How can we ensure there is a joined-up approach to trauma informed approaches across Kirklees and use some of the learning from the Educational Psychology service?
4. How can we better enable Employee Health Care to work in partnership with local GP's and apply appropriate reasonable adjustments?
5. Would there be scope to create working groups to learn from how other sectors/organisations are looking to embed TI principles and learn from their experiences and knowledge?
6. How can we demonstrate the impact of Trauma informed approaches?
7. What external training opportunities are on offer and how can we as a trust tap into these for both ourselves and CHFT colleagues to learn more about Trauma informed practice?
8. What do the board consider to be their role in supporting the commitment and progression of a much more joined up way of working? What is the vision from the board for the progression of this work?

Thank you to all the speakers

Questions/discussion

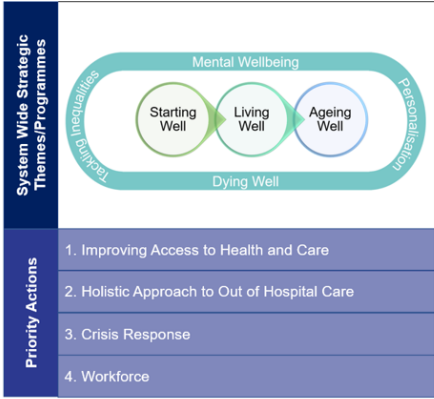
KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE: 27th June 2024	
TITLE OF PAPER: KHWS Update: Connected Care and Support Priority	
<p>1. Purpose of paper</p> <p>To provide an update to the Health and Wellbeing Board (HWBB) on the Kirklees Health and Wellbeing Strategy (KHWS) priority of ‘Connected Care and Support.’ The Update will provide the Board with:</p> <ul style="list-style-type: none"> Progress on the delivery of the Kirklees Health and Care Plan which has been identified as one of the mechanisms for delivery of the priority. This will include a focus on the delivery of the Kirklees Well Programmes. 	
<p>2. Background</p> <p>An agreement was reached at the HWBB on 24th November 2022 regarding an approach to implementing the KHWS. The Board has set an expectation that having set the strategic direction through the KHWS, partnerships and partners take responsibility for its delivery and the Board will receive regular updates on progress against of each of the KWHS priorities.</p>	
<p>3. Progress Update</p> <p>3.1 The Kirklees Health and Care Plan</p> <p>A decision was taken to develop a Health and Care Plan which will outline how the Kirklees Place Based Partnership will deliver on the KHWS priorities, focussing primarily on Connected Care and Support but recognising the interdependency with Mental Wellbeing and Healthy Places. The Plan which was signed off by the ICB Committee in May 2023, was developed by a Strategy Group with representation from across the Health and Care Partnership including the Voluntary and Community Sector (VCSE) and Independent Care Sector.</p> <p>The West Yorkshire Health and Care Partnership refreshed the West Yorkshire Integrated Care Strategy in 2022 developed a Joint Forward Plan in 2023 to outline how the strategy will be delivered. The Health and Care Plan outlines how Kirklees Place will support delivery of the West Yorkshire Integrated Care Strategy, alongside the Joint Forward Plan.</p> <p>The priorities outlined within the Health and Care Plan are below in figure 1.</p>	
<p>System Wide Strategic Themes/Programmes</p>  <p>Priority Actions</p> <ol style="list-style-type: none"> 1. Improving Access to Health and Care 2. Holistic Approach to Out of Hospital Care 3. Crisis Response 4. Workforce 	<p>Each priority will be developed using the following lenses where they are applicable:</p> <ul style="list-style-type: none"> Improving quality, safety experience and effectiveness and safeguarding for example embedding learning from safeguarding reviews Working with people through co-production Reducing the inequalities gap including the impact of poverty on health and wellbeing Supporting people to make informed choices and empowering them to take charge of their own health and care Early intervention and prevention Trauma informed approach Parity of esteem Supporting carers Use of population health data to drive change Promoting productivity, efficiency through transformation. Digital, recognising the importance of digital exclusion Estates including the output of the West Yorkshire Strategy for Estates and Facilities once it is completed. Responding to climate emergency Opportunities to do things at scale, working across the West Yorkshire ICB Programmes

Figure 1: Priorities for the Kirklees Health and Care Plan

Our Strategic Well Programmes cover the whole 'life course approach' and are the place where we come together to work on focussed initiatives, join up services and plan together for the best outcomes for people. The intention is that each Well Programme will be overseen by a board with a wide representation of stakeholders and partners from across the system. The purpose of the Board is to provide strategic direction and oversight to facilitate the delivery and implementation of the workstreams within the programme.

It is also recognised, that given the challenges we face, there are some immediate priorities we will need to focus on alongside the Well Programmes. These are:

- Improving access to health and care services
- Holistic approach to out of hospital care
- Crisis response
- Addressing our local workforce challenges

The Kirklees Health and Care Plan was signed off as a 'live plan' therefore has recently been through a refresh process. The updated Plan for 2024/25 was signed off by the ICB Committee in May 2024 and is provided as an appendix to this paper.

3.2 How is this relevant to the KHWS

The approach to developing the Health and Care Plan was to ensure the KHWS was one of the main drivers of the plan, some of the ways this was actioned are highlighted below.

- The vision for the Health and Care Plan is the same as the KHWS so not to distract from achieving the overall commitment made to improve health and wellbeing in Kirklees.
- The principles for transformation are a direct lift from the KHWS ways of working section to ensure they are embedded across the System.
- The plan responds directly to the I Statements included in the connected care and support priority and addresses the actions identified for Partners to do. The plan shows how we are supporting local people in taking ownership of the actions identified for them to undertake.
- The wider factors to improving health and wellbeing identified in the KHWS have been considered as a lens for each priority.
- The plan supports delivery of the outcomes identified within the KHWS, specifically those aligned with the connected care and support priority. The KHWS has an established outcomes framework to monitor success. The Kirklees Health and Care Plan measures have been developed to support delivery of the indicators within this, rather than developing something in addition.

3.3 Progress in Year 1 (full list available in the Health and Care Plan – see appendix 1)

3.3.1 Priority Actions

Access Priority

- Development of a cardiovascular disease (CVD) prevention strategy for Kirklees
- Insight gained by community champions, Healthwatch and VCSE has impacted on the diabetes support offer within Kirklees

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- Cancer Educator employed to work with GP Practices to support them in the early identification of cancer
- Successfully embedded a Primary Care Network (PCN) approach to enhanced access, delivering more appointments in General Practice. Development of access improvement plans
- Development of the SEND Big Plan which sets out improvements to ensure children and families right support at the right time in line with statutory duties
- Redesign of neurodiversity referral pathways to support waiting list management

Holistic Approach to Hospital Care Priority

- Increased capacity for virtual wards within Kirklees. Admission alternative pathways included as part of the virtual ward offer alongside the discharge pathways
- Home first discharge model implementation with home first as the priority destination. Supported by recovery and intermediate care beds for people who require additional support before they can go home.
- Increased reablement and night support capacity to support discharge
- Access to a mental health hub for each PCN (made up of both clinical and non-clinical staff) designed to wrap care around the person with a seamless journey and improved access and focus on proactive care. This includes Mental Health Social Prescribers working outside of the primary care estate offering a range of services within local community settings
- Completion of the Kirklees Community Services review and development of underpinning service specifications. This will support a more sustainable community service model in the future
- Approved as an age friendly community. Worked with communities to understand what matters to them. Use of intelligence to define the programme of work.

Crisis Response Priority

- Urgent and Emergency Care Boards in place across both acute footprints as a forum for on-going discussion and to facilitate innovation and improvement
- Expansion of streaming and navigation pathways at the front door at Mid Yorkshire Teaching Trust (MYT). Focus on minor injuries, paediatrics and virtual wards to support discharge.
- Building of the urgent treatment centre (UTC) at Calderdale and Huddersfield Foundation Trust (CHFT) commenced.
- Successful implementation of the suicide prevention strategy has led to a reduction in the suicide rate in Kirklees.
- Mental health and learning disabilities have created alternatives to crisis as safe spaces.
- Creation of the mental health crisis (Well-bean) cafés
- Successful roll out of Recommended Summary Record for Emergency Care Treatment (ReSPECT) across Calderdale, Kirklees and Wakefield. Alongside the advanced care plans, this will ensure identification of the appropriate choice of care and support people to die in their preferred place.

Workforce Priority

- Kirklees and Calderdale Health and Care Careers Pathways Programme has continued throughout the year and has now delivered;

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- Over 15,000 opportunities created for young people in Kirklees and Calderdale through live events, newsletters and digital resources
- Over 25 schools have had engaging and informative content on the careers available within the Health and Care sector.
- Over 100 unique volunteering opportunities for health and care staff to share their time and expertise through mentoring and volunteering.

Compassionate Cultures Programme

- Compassionate Cultures Conference
- Delivered two cohorts of the Compassionate Leadership Programme, showing attendees how to create a work environment where everyone feels valued and empowered to do their best. A Communities of Practice Group has been set up from the three cohorts of Compassionate Leadership Training carried out.
- Worked with Huddersfield University Health Academy Students to successfully integrate an ongoing compassionate leadership approach fostering a culture of empathy
- Delivered a two-day Train The Trainer programme for the Compassionate Leadership Programme and we are now supporting this in Wakefield and Calderdale. and care in their student led clinics.

Improved access to employment opportunities

- Worked with the Princes' Trust to run information events and build relationships with Health and Social Care Partners
- Outcomes to date; 176 young people registered, 49 offered permanent employment/apprenticeships of which 26 have sustained employment after 3 months.
- All targets set by Princes' Trust have been met fully.
- engaging partners through process and protocol to offer refugees work experience on a voluntary basis and where appropriate permanent employment opportunities.

Systems Leaders Programmes

- A bespoke Systems Leadership Development Programme in conjunction with NHS Leadership Academy for a cohort of 24 learners drawn from across our Partnership.
- Level 5 and Level 7 management and leadership apprenticeships in conjunction with the University of Huddersfield for 50 learners launched in September 2023. Recruitment now underway for second programme to run in September 2024.

3.3.2 The Well Programmes

Starting Well Programme

The Starting Well Programme (SW) offers Kirklees Health and Care Partnership:

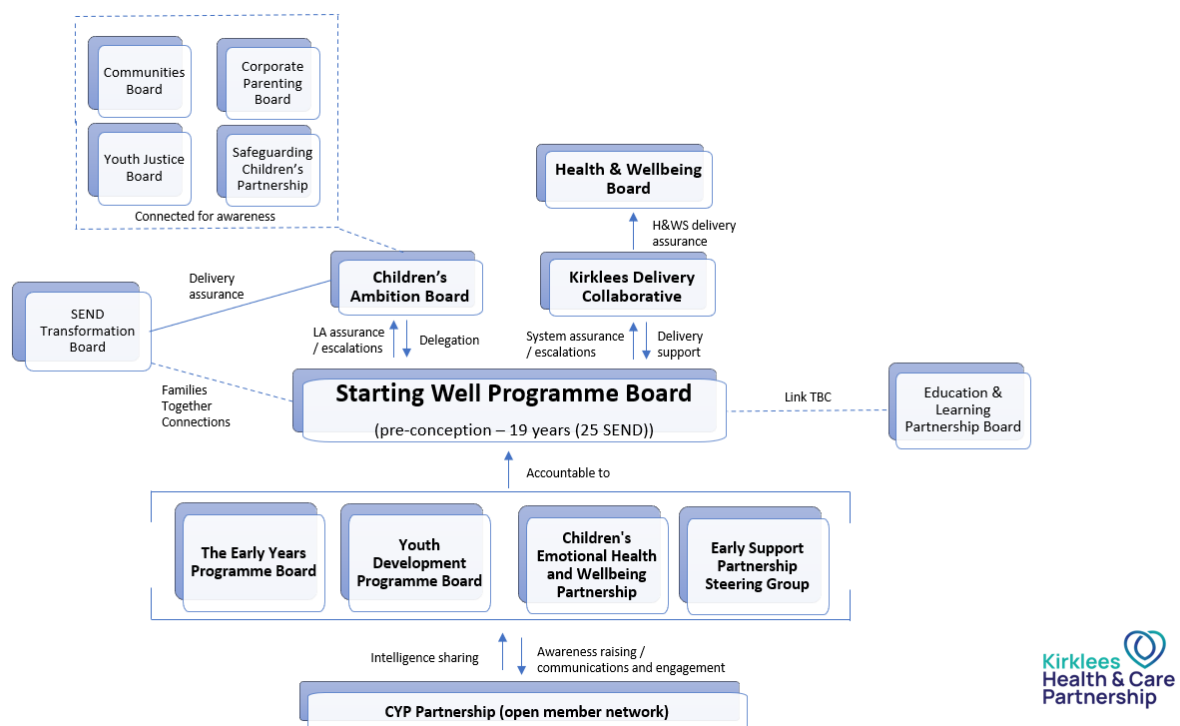
- Alignment of children and young people priorities and subsequent resource to deliver on the priorities.
- A single place for all existing groups/boards to report to – enhancing partnership working; facilitating development of relationships; enabling of connected decision making and reducing duplication.
- A forum to discuss complicated system wide strategic issues/opportunities; to share learning and risk through partnership escalation and mitigation.
- A single assurance mechanism to support decision taking processes.
- Development of a system workplan – supporting groups such as the Ambitions Board.

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- A point of contact for West Yorkshire level work, for example our Integrated Care System.
- Alignment of data and intelligence – as a partnership we can work with combined data sets to accurately measure if we are making a difference on agreed metrics. This will be seen to be both qualitative (children and young person and parent/carer voice) and quantitative (numerical).
- A partnership approach to delivering the Families Together work, in absence of additional central funding.
- Enabling better connection of services by ensuring links at an organisational level, but also with communities, for example linking Families Together with Area Hubs.

The governance structure for the Starting Well Programme is provided in figure 2.

Figure 2: Starting Well Programme Governance Structure



The current governance structure integrates the board into existing structures in Kirkles, whilst enabling support, challenge and accountability across the system on a range of key agendas.

Next steps for the programme include:

- Integration of the special educational needs (SEN) agenda into “Families Together” to greater improve reach, inclusivity, access and future SEN inspections.
- Site visits to regional authorities to share “best practice” and shared learning ie: Hull, Barnsley, Sheffield, Calderdale.
- Development of an online platform to improve families and young peoples access to information, help, advice and support. This will also support our compliance with our statutory duties ie: Education Act: Youth Offer, Childrens & Families Act: Local Offer
- Further development of our “Families Together” in Kirkles.
- Recruitment of a clinical lead to support with specialised health related topics, Autumn 2024 onwards.

- Creating mechanisms to support our priorities within the Health and Care Plan, including consistent used and measured metrics and a shared understanding and ownership across the partnership.

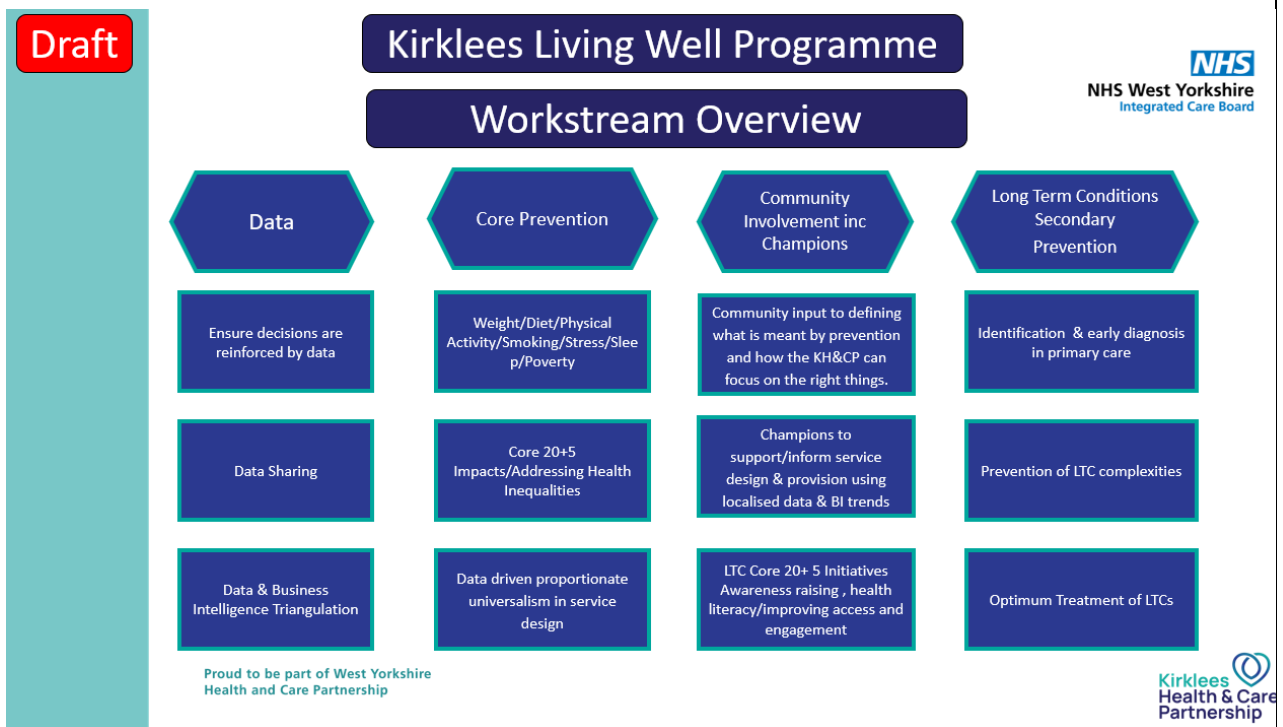
Living Well Programme

The Living Well programme is currently in a planning phase and does not currently operate in a formal board structure. An initial workshop explored priorities for the Programme to focus and given the commitments and ongoing national and regional programmes it was agreed that the initial scope of the programme would focus on Primary prevention, early identification and diagnosis and secondary prevention of long-term conditions (Diabetes, Cardiovascular Disease including stroke and Respiratory).

The partnership has continued to work on successful delivery of the commitment published national strategy’s such the Long-Term Plan¹, and subsequent annual operational planning guidance. There are currently draft workstreams that have been suggested for the programme via engagement with partners across the system, particularly Public Health colleagues as it is imperative core prevention and other associated portfolios are formally included in the programme.

Detail on each of the draft priority workstreams for the programme are provided in figure 3.

Figure 3: Draft Priority Workstreams for the Living Well Programme



The next steps will include identifying a Senior Responsible Officer (SRO), holding a workshop to amend and finalise the workstreams and continue to develop the draft data dashboards to ensure progress towards the national and regional commitments.

High-level progress of the programme can be found in Appendix 2.

¹ <https://www.longtermplan.nhs.uk/>

Ageing Well Programme

The Ageing Well programme consists of 7 workstreams which have been developed based on national and regional guidance and recommendations such as the Long-Term Plan², NHS England Ageing Well Programme³, Yorkshire and Humber State of Ageing Report⁴, Chief Medical Officers Annual Report⁵ and the World Health Organisation 8 Domains of Healthy Ageing⁶. There are also strong links with key interdependent and enabling programmes such as the other well programmes, Mental Health, Housing, Carers and Civic Participation and Employment.

Detail on each of the workstreams within Ageing Well is provided in figure 4.

Figure 4: Ageing Well Programme Workstreams

Proactive Care	Age Friendly	Falls Prevention	Care Sector	Home First Discharge	Virtual Ward	Urgent Community Response (UCR)
Purpose: Providing personalised, co-ordinated, multi-professional support and interventions for people living at home with Frailty	Purpose: Addressing the 8 Domains of The Age-Friendly Communities Framework to better adapt structures and services to meet people's needs as they age.	Purpose: Identifying people who are most at risk of falls and developing a knowledgeable well-trained workforce alongside increasing access to health promotion information to support improved lifestyle choices.	Purpose: Support the development of a robust and resilient care sector delivering outstanding quality and tailoring care to the needs of individuals.	Purpose: Embed and mature the home first discharge approach to improve patient outcomes and improve patient flow out of hospital.	Purpose: Enable patients who would otherwise be in hospital to receive acute care and treatment in their own home.	Purpose: To provide urgent care to people in their own home within 0-2 hours
Outcomes: ➤ Delay the onset of health deterioration where possible ➤ Maintain independent living ➤ Reducing avoidable exacerbations of ill health	Outcomes: ➤ Baseline Assessment across 8 domains completed ➤ Engagement programme with older people	Outcomes: ➤ People, at risk of falls, receive falls risk assessments and know where to access falls prevention training ➤ Raised public awareness re falls risk prevention	Outcomes: ➤ Integrated working with the care sector to support market sustainability; quality; workforce, training, development and support; digital technology.	Outcomes: ➤ 14 additional people a week will be discharged from hospital directly home ➤ More people will go home following recovery bed stays	Outcomes: 2024-25: ➤ Frailty beds = 22 ➤ Respiratory Beds = 20	Outcomes: To avoid unnecessary hospital admissions and enable people to live longer independently

To track progress made within the programme, a set of high-level metrics have been developed for the purpose of the Ageing Well Board. These metrics are a standing agenda item at each board meeting. The development of the metrics is based on those that cut across the programme and aim to show the difference we are making to support the population to age well. Additionally, each workstream has a more detailed set of metrics which are reviewed regularly within the individual workstream meetings.

Current high-level progress within each workstream is included in Appendix 3.

Dying Well Programme

The Kirklees and Calderdale Dying Well Programme Board (KDWPB) builds on the work of the previous Kirklees Palliative Care Partnership, which was a system-wide partnership across health and social care. The overall vision for the Dying Well Board is to ensure more people of all ages

² <https://www.longtermplan.nhs.uk/>

³ <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/>

⁴ <https://www.yhphnetwork.co.uk/media/189407/state-of-healthy-ageing-in-yh-2023-apr-2023.pdf>

⁵ <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>

⁶ <https://ageing-better.org.uk/age-friendly-communities/eight-domains>

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in Kirklees experience great care at the end of their life, and bereaved people are well supported. The four priority areas which report to the Board (Stigma and Comms, Identification and Care Planning, Bereavement and Care at Home) bring together all partners and stakeholders across the Kirklees and Calderdale systems who are involved in supporting those of all ages who are the end of their life, and people important to them.

Each of the four workstreams for the KDWPB are aligned to the Kirklees Care Charter, which embodies the partnership approach. This was jointly created and adopted by partner organisations and is aligned to the national ‘Ambitions for Palliative and End of Life Care’. The Charter is for people with a life limiting illness living in Kirklees and explains what care people can expect, and for the partner organisations it is a pledge to improve end of life care in Kirklees

The workstreams were identified following a whole system workshop in October 2023, which had over 90 representatives across health and social care (including GP’s, social workers, care home staff, community nurses, acute colleagues, specialist nurses, YAS, hospice staff, and the voluntary and third sector). At the workshop, Healthwatch launched their Dying in Kirklees- What Matters? Report.

The workstreams and outputs are detailed in table 1.

Table 1: Summary of Dying Well Programme Workstreams

Overall vision: More people of all ages in Kirklees experience great care at the end of their life, and bereaved people are well supported			
Stigma and Comms	Identification and Care Planning	Bereavement	Care at Home
Purpose: Develop the Kirklees Campaign/ Call to Action to raise awareness of death and dying, addressing stigma, underpinned by a range of stories.	Increase numbers of people of all ages being identified and supported with good quality conversations for care planning.	Improve how bereaved people are identified and supported across all parts of the system.	Define the pathways for care provided at home at all ages of EOL, identify issues and challenges, review data and make recommendations to DWB.
Outputs: <ul style="list-style-type: none"> • Campaign covering 3 years of activity. • Comms plan developed with input across the system. • Stigma busting resources created and shared. • Resources identified in different formats, tailored to different ages, groups and audiences, focusing 	<ul style="list-style-type: none"> • Develop targeted training and resources, with a focus on earlier and more comprehensive conversations. • Influencing multi disciplinary teams (MDT’s) to provide a Kirklees best practice example • Embedding the supportive and palliative care 	<ul style="list-style-type: none"> • Mapping current processes including those for bereaved parents- pulling together what we already know. • Identifying local support and resources available. • Develop joint signposting information and central process to disseminate/refer. 	<ul style="list-style-type: none"> • Pathway mapping/ data review/ identifying ‘cohort in common’. • Identifying best practice and quality review of people’s journeys. • Improved understanding of challenges as outlined in the Healthwatch report • Recommendations for change.

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<p>on inequalities and deprivation.</p> <ul style="list-style-type: none"> • Opportunities identified to bring open discussions about death and dying into a range of audiences. 	<p>indicators tool (SPICT).</p> <ul style="list-style-type: none"> • Ensuring we consider the needs of children and young people, and their loved ones. • Creating resources and training to improve the quality of Advance Care Planning, for people of all ages. 		<ul style="list-style-type: none"> • Review of activity against the Charter.
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3.4 Key areas of change identified for year 2 (full list available in the Kirklees Health and Care Plan – see appendix 1)

3.4.1 Priority Actions

Access Priority

- Deliver more appointments in Primary Care in line with national targets through schemes such as embedding enhanced access and increasing uptake to Pharmacy First.
- Working with elective care specialties to optimise how tools such as the shared referral pathway, Patient initiated follow up (PIFU) and referral triage can enhance the pathway. Tailoring the approach to complement the pathway and improve outcomes.
- Elective Care Groups/Elective Transformation Boards in place for MYT and CHFT which will provide a system wide focus on:
- Monitoring demand and capacity including wider discussions re the PIDMAS tool, which allows people to apply to move to another provider if they have been waiting over 18 weeks for treatment, for ensuring effective use of capacity. Delivering choice at the point of referral
- Active management and proactive support for those on waiting lists.
- Resource targeting and investment priorities
- Improved access to diagnostics through the implementation of the community diagnostic centres (CDCs)
- Continued delivery of transformational schemes which support people to be treated in a more effective and timely way, through promotion the use of tele dermatology with GP Practices, expansion of Lung Health Checks to the South of Kirklees. Consider adoption of new technologies, for example artificial intelligence dermatology
- Implementation of Caja project as a way of using behavioural science to promote screening uptake, across outstanding practices in Kirklees and future monitoring of cervical screening uptake in practices who have implemented Caja
- Continue to improve access to mental health services in primary care through community transformation. Continuation of the PCN hub models offering access to mental health services in a primary care
- Implement transformation of older people’s inpatient services following consultation
- Continue to improve access to Talking Therapies services for adults and older adults with common mental health problems with a focus on those with long term conditions

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- Offer for Specialist Social Emotional Mental Health to understand what additional support children can access whilst in school. Alternative provision linking special and mainstream schools to increase support
- Transformation of children and young people's mental health services in Kirklees through the Keep in Mind Programme. Interim model in place until review is completed. To include a review of the entry points to consolidate and ensure MDT triage of all referrals.
- Develop the Kirklees campaign to raise awareness of death and dying, addressing stigma, underpinned by a range of stories

Holistic out of Hospital Care Priority

- Increase the number of virtual ward beds for respiratory and frailty across Calderdale, Kirklees and Wakefield to support admission avoidance. Increase referral rates
- Enhance virtual ward pathways to include referrals from UCR and the addition of further specialities.
- Explore and roll out new ways of working within the care home sector including:
 - Development of Kirklees Delegated Task guidance
 - Providing University student placements in care homes. Continue to offer volunteer opportunities through In2Care
 - Deployment of the Kirklees Falls Assessment Response Tool
 - Digital solutions for example, expanding use electronic record systems, falls detection tools and virtual review technology.
- On-going development of the home first model for discharge supported by an integrated transfer of care (ITOC) hub and reviewed intermediate care bed base.
- Development of a trusted assessor model to support discharge back to care homes, which avoids waiting for care home assessment within hospital
- Joint system work with Therapy Teams to reduce risk of deconditioning in hospital whilst awaiting discharge, alongside access to appropriate equipment
- Principles which promote neighbourhood working are being tested through the Kirklees Community Services review. Discussion has taken place regarding the Kirklees approach to neighbourhoods to re-prioritise the work. Agreement to prioritise as an area of focus for 2024/25. Further discussion is required to agree focus and approach.
- System review of specialist accommodation learning disability (LD) supported living. Aiming to roll out to mental health and autism.
- Investment in rehabilitation and recovery for mental health
- Progression of the mental health community transformation programme, with a focus on Children and Young People's Mental Health Practitioners and Peer support for Trauma Informed Personality Disorder via the Recovery College.
- Development of a digital guided self-help offer for Disordered Eating with an evaluation included to identify any gaps and to address health inequalities
- Review of parent support offer through the Keeping in Mind Programme. Promotion of early support in a more coordinated, partnership approach.
- Continue to implement maternal mental health support across West Yorkshire.
- A review of palliative and end of life advance care planning processes across organisations

Crisis Response Priority

- Work with the LD sector to raise awareness and use of UCR.

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- Development of a future model for urgent care across the MYT footprint, including the walk-in centre provision
- Development of new access pathways as the Enhanced ED estate is completed at CHFT.
- Further widen out the proactive care programme through engagement with system partners to look at how this model can be mobilised wider than PCNs.
- Identification of end of life and appropriate choice of care to ensure people are supported to die in their preferred place. Prevent avoidable admissions and conveyances, with ambulance crew training in End of Life (EOL) identification and use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and advanced care planning
- 24/7 Crisis Resolution Home Treatment functions (CRHT) for adults operating in line with best practice which includes Dementia.
- Continue to build upon the success of the implementation of the suicide prevention self-harm awareness action group

Workforce Priority

- Calderdale and Kirklees Careers and the Ahead Partnership. Working with secondary schools across Kirklees and Calderdale to increase awareness of careers in health and care, support future educational choices, and employment choices.
- Running further cohorts of the Level 5 and Level 7 apprenticeship programmes with the University of Huddersfield
- Continuing to build stronger relationships with the Care Association and Third Sector Leaders
- Development of GP Flexible Pool arrangements in partnership with PCNs and practices
- Working across our Partnership and with colleagues across WY to expand placement capacity and the breadth and scope of placement opportunities
- Continued involvement in the on-going development of the Health Innovation Campus in Huddersfield including the implementation of the Health Innovation UKSPF bid.
- Working to support asylum seekers and refugees into employment or volunteering opportunities

3.4.2 The Well Programmes

Starting Well

- Continue with further development of the Starting Well Board, with a focus on strategic partnership outcomes.
- Development of the “Families Together” model with a focus on:
 - 4 main sites across Kirklees
 - Comprehensive fixed and rotating offer of services with face-to-face availability
 - Online digital offer
 - Universal branding and marketing materials produced and utilised by partners.
- Evolution of the 4 partnership boards which feed into the Starting Well Board: Youth Development Partnership, Emotional Health & Wellbeing Partnership, Early Support Partnership Steering Group, Early Years Development Board.
- Action plan to be produced to support the aims and ambitions highlighted in the Kirklees Health and Care Plan.
- Creation of a starting well strategy which will bring together the 4 partnership boards ambitions and integrate the: Early Help, Supporting Families and Families Together agendas.

Living Well

- Establish formal board structure and meeting structure.
- Continue with scope and look to introduced new focus areas/workstreams.
- Focus on the Living Well dashboard monthly to monitor progress against the metrics and develop actions where improvements are required.
- Continue to support partners to deliver plans for successful deliver of projects which transform services based on the needs and wishes of the population.
- Continue to use the Core 20+5 approach in our all our work.
- Continue to ensure health inclusion groups needs is present throughout our work.
- Work collaboratively with the West Yorkshire Long Terms conditions and Personalised Care Team on system wide projects.

Ageing Well

- Continue to review the Ageing Well Dashboard on a monthly basis to monitor progress against the metric and develop actions where improvements are required.
- 6 weekly board meetings to continue.
- **Proactive Care:** Continue to engage with system partners around further embedding the local model.
- **Age Friendly:** Start action planning around the key emergent themes based on the outcome of the community engagement.
- **Care Sector:** continue to progress with the key focus areas within the 24-25 plan.
- **Home First Discharge:** continue to progress with the key focus areas within the 24-25 plan.
- **Virtual Ward:** continue to work with the acute trusts to develop trust footprint VW models. Mobilise plan agreed for 2024 around Remote. Further establish Task and Finish Group to work through a series of identified actions for 2024-25 delivery.
- **UCR:** Phased launch enabling 0-2 hour district nurse referrals to be received in the UCR Hub.

Dying Well

- Board meeting to continue, with further alignment across Kirklees and Calderdale
- Draft metrics to be finalised.
- Launch of the Director of Public Health report, with a planned launch event bringing together members of the Kirklees and Calderdale Dying Well Programme Board and other system partners and organisations
- **Stigma and Comms** workstream to engage with the Kirklees Comms and Engagement Network, to support the development of the underpinning 3-year plan.
- **Care at Home** workstream to continue to develop an integrated model of care.
- **Bereavement:** information on how to access support during bereavement is to be made available both in written form, to be given to people registering a death, and online via Kirklees Council's website bereavement page
- **Identification and Care Planning:** review of use of templates and information sharing throughout the system to identify good practice and opportunities for how we could do things in an agreed way across the system.

- Clinical leadership: The Dying Well Programme has been without a Clinical Lead for Kirklees since October 2022. Primary care expertise and clinical leadership is currently being identified on an interim basis to support the programme and permanent clinical lead role to be identified.
- Share learning with the West Yorkshire Palliative Care Programme

3.5 Role of the Kirklees Delivery Collaborative

The Kirklees Delivery Collaborative has responsibility for oversight of the delivery of the Kirklees Health and Care Plan and the Well Programmes. The role of this group is currently under review, and it is expected to evolve to be more focussed on delivery whilst maintaining its oversight function.

Monthly progress updates are submitted to the Delivery Collaborative for the Health and Care Plan and Well Programmes.

4. Financial Implications

None to note at this stage.

5. Sign off

This report has been signed off by:

Vicky Dutchburn, Director of Operational Delivery and Performance, Kirklees ICB

Ageing Well SRO: Karen Jackson

Dying Well SRO: Vicky Pickles

6. Next Steps

Following presentation of the update at the Kirklees Health and Wellbeing Board, work will continue to deliver the priorities outlined within the Kirklees Health and Care Plan.

The Delivery Collaborative will continue to have oversight of delivery, with further updates provided to the Health and Wellbeing Board as requested.

7. Recommendations

The Health and Wellbeing Board are asked to;

1. Receive the update and be assured on the work in progress to deliver the connected care and support priority of the KHWS.
2. Note that the Living Well Programme is yet to be formally established and as yet does not have an identified Senior Responsible Officer (SRO). If a particular Board Member is potentially interested in discussing further the SRO position, please contact Living Well Programme Lead.

8. Contact Officer

Kirklees Health and Care Plan: Rachel Millson, Senior Planning and Development Manager, r.millson1@nhs.net

Starting Well Programme: Patrick Boosey, Programme Manager, patrick.boosey@nhs.net

Living Well Programme: Alison Steed, Senior Transformation Manager, alison.steed@nhs.net

Ageing Well Programme: Nicola Cochrane, Programme Manager, nicola.cochrane1@nhs.net

Dying Well Programme: Sadaf Adnan, Service and Partnership Development Manager, Sadaf.Adnan@thekirkwood.org.uk

Appendices

Appendix 2: Progress made within the Living Well Workstreams

Workstream	Key Successes/Progress
Data	<ul style="list-style-type: none"> ➤ Development of a disease dashboards ➤ Working towards a standardised format and expectation reporting metrics ➤ Primary care Network and GP Practice level data pack regularly (monthly & quarterly) circulated to GP practices to support patient education on disease risk factors and referrals to the National Diabetes Prevention Programme.
Core prevention	<ul style="list-style-type: none"> ➤ National Diabetes Prevention Programme <ul style="list-style-type: none"> ○ Kirklees continues to achieve referral trajectory. ○ Review of patients completing the course found 38% of patients reversed their prediabetes after course completion ➤ Cardiovascular Prevent Strategy being finalised. ➤ Cardiovascular Action Plan to support strategy drafted with some actions already in progress. ➤ NHS health checks service review started with a view to commission a new specification from 1st April 2025, with a view to target most at risk population within the available resource.
Community Involvement including the Community Champions	<ul style="list-style-type: none"> ➤ Diabetes Project Completed – Evaluation Received from Kirklees Third Sectors Leaders. Healthwatch Report also completed, which analyses information to support future transformation with the view and needs of Kirklees residents to be met. <ul style="list-style-type: none"> ○ The aims of the project: - <ul style="list-style-type: none"> ▪ was to work with community groups to have conversations with people living in our local communities and to deliver activities around type 2 diabetes with a particular focus on health inclusion groups and in specific geographical areas across North and South Kirklees. ▪ The main aim was prevention – reduction in number of people diagnosed with type 2 diabetes and support and improvement of self-management for those with type 2 diabetes. ○ To achieve the aims the community champions and the voluntary sector were asked; - <ul style="list-style-type: none"> ▪ To hold community-based conversations to raise awareness and offer advice and signposting to individuals, groups, at events and in other community settings. ▪ To use smaller groups to deliver healthy lifestyle activity and awareness messaging. ▪ To set up peer support groups in South & North Kirklees ➤ Cardiovascular Community Champions training delivered – focusing on hypertension. ➤ Community Champions training and using blood pressure machines to raise awareness and signpost people to the correct services – hoping to identify those with undiagnosed hypertension and prevent heart attack or stroke. ➤ Focus on sustainability for VCSE partners
Secondary Prevention	<ul style="list-style-type: none"> ➤ National & Regional Diabetes Project - Type 2 Diabetes path to Remission Programme – contribution to the successful achievement of the West Yorkshire system wide trajectory ➤ National & Regional Type 2 diabetes in Young– Year 1 completed – planning for year 2 in progress and evaluation of year 1 to be completed. 430 patients attended an extra appointment to received further care for their diabetes. ➤ Local Project - new structured education programme delivered by local provider. To be evaluated. ➤ Regional Pulmonary Rehabilitation funding to support local service – implementation of project demonstrated 50% reduction in waiting list within one quarter and the average waiting time is now under 6 weeks

	<p>➤ CVD Hypertension target – Kirklees progressing towards the National 80% Target – Kirklees currently at 69.73% (CVD Prevent Data May 20204) which is the highest in West Yorkshire and is also above the West Yorkshire system percentage of 67.56% and the National percentage of 67.20%. Other CVD metric currently being assessed.</p>
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Appendices

Appendix 3: Progress made within the Ageing Well Workstreams

Workstream	Key Successes/Progress
Proactive Care (Previously Anticipatory Care)	<ul style="list-style-type: none"> ➤ Development of a Kirklees model in response to national guidance around Anticipatory Care ➤ A successful pilot was undertaken in 4 PCNs. ➤ 2 PCNs that were not part of the pilot also started to deliver Proactive Care ➤ National Proactive Care Guidance published December 23 ➤ After reviewing the guidance, the previous Kirklees Anticipatory Care model still meets the asks within the Proactive Care guidance with some areas for improvement identified – mainly around neighbourhood working. ➤ Work on-going to develop informal neighbourhood teams starting with closer working between the Care Coordinators and Locala's Ageing Well Team ➤ Continue to engage with PCNs around embedding this model.
Age-Friendly	<ul style="list-style-type: none"> ➤ Formal application with support from Council leader to be an age friendly community accepted in June 23. ➤ Registration submitted to the WHO and was successful. Kirklees is now a member of the Age-Friendly Communities National Network ➤ Structure developed for involving older people in an outcome-based accountability process. ➤ Engagement undertaken with 25 community groups to date. ➤ Emerging themes are evident and there is a consistency across issues raised. ➤ Action planning and performance management will evolve based on the outcome of the community led outcome based accountability. ➤ Analysis and recommendations will be presented to board.
Falls Prevention	<ul style="list-style-type: none"> ➤ Newly established workstream within the Ageing Well Programme ➤ SRO identified but still to identify a strategic lead. ➤ Systemwide workshop in development to take place in September to promote engagement with the programme and a jointly developed action plan
Care Sector	<ul style="list-style-type: none"> ➤ Outcome of engagement with care homes to feed into the 2024-25 Programme of work. ➤ Kirklees Delegated Task guidance developed for use with Care Sector which supports safe delegation of tasks to care workers, going through governance for sign off by system partners. ➤ Quality assurance process for Home Care and Supported Living launched. ➤ Kirklees Falls Response Tool developed and launched. ➤ University placement and payment process now in place ➤ Professional Nurse Forum and Activity Coordinator Forum up and running. ➤ 38 provider sites supported to implement Digital Social Care Record systems. ➤ Virtual 'Headware' pilot to go live in care homes from April to support woundcare.
Home First Discharge	<ul style="list-style-type: none"> ➤ Home First Discharge approach working towards WY ambition to reduce No Criteria to Reside to 10% and increase number of people going straight home from hospital to their usual place of residence. ➤ Development of a Kirklees Home First Discharge Dashboard. ➤ Supporting an extra two people per week to go directly home, as planned. ➤ Aim to reach planned Recovery Bed service capacity by end May. ➤ Ongoing operational level work to ensure pathway efficiency. ➤ Trusted Assessors now supporting patients on Pathway 3.
Virtual Ward	<ul style="list-style-type: none"> ➤ Work progressing with the acute trusts to develop trust footprint VW models. ➤ Staffing model refreshed based on available 24/25 funding. ➤ Remote Monitoring mobilisation plan agreed.
UCR	<ul style="list-style-type: none"> ➤ Achieved the target for responding to 70% of cases within 2 hours. Performance was 71.8% ➤ 4,565 of UCR health contacts (80.2%) did not attend an Emergency Department within 1 day of a UCR health intervention. ➤ 5,575 (87.2%) of UCR health and social care contacts did not have an emergency hospital admission within 7 days of UCR intervention. ➤ Phased launch enabling 0–2-hour district nurse referrals to be received in the UCR

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 27th June, 2024
TITLE OF PAPER: Joint Health and Wellbeing Strategy – Healthy Places update
1. Purpose of paper To update the Board on the Healthy Places theme of the Joint Health and Wellbeing Strategy.
2. Background The last update to Board on this theme was in June 2023. During this Board, updates included: <ul style="list-style-type: none">➤ The contribution of The Bread and Butter Thing.➤ Developments around playable spaces.➤ Huddersfield and Dewsbury blueprints.➤ Developments around Air Quality. The Healthy Places ambition is that: “The physical and social infrastructure and environment supports people of all ages who live, work or study in Kirklees to maximise their health opportunities and to make the healthy choice the easy choice.” Local partners have made the following commitments. <ul style="list-style-type: none">➤ We will work with partners to ensure quality planning, design, construction and management of spaces, places and homes.➤ We will facilitate development and implement local plans that respects and creates safe and attractive places, thriving, cohesive communities and supports health and wellbeing for those that live, work or study in Kirklees.➤ We will develop and maintain a range of spaces and infrastructure, that are safe and encourage all forms of physical activity and movement and support positive emotional wellbeing.➤ We will work with local communities to enable people to travel safely and actively to and from where they study, work and spend time.➤ We will implement identified measures which improve air quality and pollution.➤ We will work with communities to understand their local needs and offer a variety of opportunities to access physical activity, recreation, connection and culture and heritage activities.➤ We will support our communities to gain access to the internet from their homes. The following ‘I Statements’ were identified: <ul style="list-style-type: none">➤ I would like safe accessible local places where I can meet friends and we can do activities together regardless of our age and abilities.➤ I would like to access affordable activities that I can do with my children that help us to be physically and mentally fit.

- I would like my local area to be disability friendly, making sure we are all included regardless of our abilities and needs.
- I would like green, natural, outdoor spaces in my local area that help me to be active and support my wellbeing.

3. Proposal/Update

The following updates have been provided and cross referenced with the commitments made by partners.

Kirklees Homes and Neighbourhoods (KHN):

We will work with communities to understand their local needs and offer a variety of opportunities to access physical activity, recreation, connection and culture and heritage activities.

We will facilitate, develop and implement local plans that respects and creates safe and attractive places, thriving, cohesive communities and supports health and wellbeing for those that live, work or study in Kirklees.

KHN have several community centres and places where people can meet. Events are organised in Retirement Living Schemes and officers work with other agencies to hold Wellbeing events providing information at schemes/community centres.

Examples of this work include:

- Breast, Prostate & Bowel Cancer awareness sessions.
- Digital Inclusion – officers are working with Crosland Moor Community Learning Centre resource centre. Colleagues have attended several schemes where residents have expressed an interest in upskilling their IT skills. Residents are now attending digital workshops in the community.
- Taster sessions for Movement & Games in Chair activities.
- Coffee mornings (which are tenant led.)
- Regular trips to local places through the access bus .
- Day trips which have been organised by residents.
- Officers are in the process of working with Public Health around a stop smoking project.

Playable Spaces

- The programme of delivery for playable spaces across Kirklees continues.
- Progress through the stages, including completion photos and Play Value and Inclusivity scores are uploaded onto our main Playable Spaces webpage on the Kirklees Website: [Playable spaces | Kirklees Council](#) .
- We are seeing increases in Play and Inclusivity Scores on all completed sites.

Integrated Communities:

We will develop and maintain a range of spaces and infrastructure that are safe and encourage all forms of physical activity and movement and support positive emotional wellbeing.

We will work with communities to understand their local needs and offer a variety of opportunities to access physical activity, recreation, connection and culture and heritage activities.

We will support our communities to gain access to the internet from their homes.

Libraries:

- All Kirklees libraries are recognised nationally as safe places, warm spaces and Libraries of Sanctuary - supporting universal access to a wide range of activities delivered free of charge in welcoming, supportive and neutral environments.
- There is a free Chromebook Loaning Scheme and provision of free data SIM cards. This is providing access to specific groups that would otherwise be excluded.
- Social Prosperity Fund digital inclusion project. This includes working with the Library Home Service to establish a tablet loan scheme which provides support and training to new users and increasing digital skills. There are also digital support drop ins which involve supporting customers to maximise the use of their own devices to access information, support, resources and to complete transactions. We are also using digital outreach with isolated groups e.g. asylum seekers and refugees.

Community Plus

- The new Community Plus service will consist of multi-functional community teams, working from community buildings such as Libraries. They will work with communities on improving health and wellbeing including tackling violence, self-care, increasing social connectedness, addressing extremism and hate, building relationships within and between communities and supporting the development of strong and resilient communities.
- Teams will be key to understanding the communities they work with and will develop a strengthened and coordinated approach to gaining real community insight. This will help to identify issues at the earliest stages and respond to community tensions in a timely and coordinated way. Sources of information will flow between communities and the Council and provide better access to health and wellbeing support, building on the wide range of community and faith contacts, connectors and networks.
- Community plus will continue to signpost and connect people to a range of accessible physical activities across Kirklees based upon individual need. A 'Train the Trainer' approach will also be offered to volunteers and community champions to further develop Walk leadership and MAGIC (Movement & Games in Chairs) sessions, providing accessible activities for communities.
- Officers will be developing place-based Asset Logs to ensure that coordinators have knowledge of current local activities for all communities and demographics.
- Community Plus are working with residents to pilot the Playing Out programme which involves closing off streets for a few hours so that children can play outside. This means children to be able to play out freely on the streets and estates where they live. This will be piloted in 2 areas of North Kirklees.

Public Health:

We will develop and maintain a range of spaces and infrastructure that are safe and encourage all forms of physical activity and movement and support positive emotional wellbeing.

We will work with communities to understand their local needs and offer a variety of opportunities to access physical activity, recreation, connection and culture and heritage activities.

Community Champions

- CORE20Plus and UK Social Prosperity Funding has enabled us to develop a thriving core Community Champions project that is managed by Kirklees TSL and delivered through our Community Anchor organisations and targeted VCSE grassroots groups and organisations.
- The aims of the project are to increase health literacy, embed prevention approaches and enable better health and care access and engagement to reduce health inequities.
- It is delivered by known and trusted people from within our target populations (who speak 18 community languages between them), in known, trusted and convenient venues.
- Healthwatch Kirklees analyse and produce insight reports on the gathered data that are used to inform our systems approach to tackling inequalities.
- The project delivers a rolling programme of topics (typically 6-8 weeks duration), with an accompanying training offer. Topics to date include cancer screening (breast, bowel and cervical), asthma, cardiovascular disease, mental health and women's health; coming topics include falls, dying well awareness, addictions and community safety.
- Additional project benefits include a route into employment for Champions. The current CORE20Plus5 and UKSPF funding ends in March 2025. In addition to the core project, TSL have recently managed the diabetes (WYICB funded), Health Families (genetics focused), maternity, winter vaccination and measles Community Champions projects.

Alcohol Licensing Tool

Colleagues from Public Health and Licensing have worked together in order to create an intelligence-based tool which will allow consultees to better consider alcohol-related health harms when responding to a licensing application.

Physical Activity

Supporting work on the emerging Sport England Place Partnership programme, with a Leadership Essentials programme aimed at supporting systems leadership across a number of stakeholders to be held in late June.

The Place Partnership approach from Sport England is aimed at achieving one, or more, of the following objectives: Increasing activity; decreasing inactivity; tackling inequality; providing positive experiences for children and young people. The funding will extend until 2028, which supports the intention that this will drive sustainable change, and as a result, should impact on the system(s) which some of our least active and most disadvantaged communities/cohorts tell us (through extensive engagement) are the main barriers which limit or prevent their ability to be physically active.

Bread and Butter Thing

This now operates across 10 hubs in Kirklees.

Asthma

A small pilot project externally funded (West Yorkshire Integrated Care Board's Winter Warmth Programme) and is a partnership between: Public Health, Greenwood Primary Care Network and Groundworks/Green Doctor. The pilot aims to offer small to medium range home improvement interventions where a household has an asthma patient aged 0-19yrs and the housing condition has been noted in GP records as exacerbating the health condition.

The target is to engage and assess a maximum of 50 households within the Greenwood PCN area that meet the eligibility criteria. The pilot is still ongoing and has yet to be fully evaluated. Several properties have had electric humidifiers and new or replacement electrical ventilation units installed as well as receiving comprehensive information and advice on behaviour change that would also mitigate against condensation and mould formation generally etc.

Major Projects:

We will work with partners to ensure quality planning, design, construction and management of spaces, places and homes.

We will develop and maintain a range of spaces and infrastructure that are safe and encourage all forms of physical activity and movement and support positive emotional wellbeing.

We will work with local communities to enable people to travel safely and actively to and from where they study, work and spend time.

Active Travel

- Implementing active travel schemes, including on Huddersfield Narrow Canal, Huddersfield Broad Canal and Meltham Greenway. Further schemes to be developed on the Spen Valley Greenway and Primrose Lane.
- Supporting delivery of CRSTS WY Places Fund – includes Brunswick Street and Cleckheaton Greenway Link.
- Supporting delivery of Active Travel Fund 4 along with the Canal and River Trust - includes Huddersfield Narrow Canal Phase 3 (Marsden to Slaithwaite) - 4.41km towpath upgrade AND Huddersfield Broad Canal (Aspley Marina to Cooper Bridge) - 5.75km towpath upgrade.
- Supporting delivery of Active Travel Fund 4E - Lydgate School Safety.
- Revenue funding through Active Travel England (ATE) Capability Funding – supports network development (Local Cycling & Walking Implementation Plans, network design, scheme planning, etc) and behaviour change work (cycle training, comms, campaigns etc).
- Delivering civic campus tours to showcase facilities in Civic 1 and encourage more Council staff to walk, wheel and ride to work.

Public Transport

- Current improvements to bus infrastructure, including modernisation of Huddersfield (with West Yorkshire Combined Authority) and Dewsbury (just West Yorkshire Combined Authority) Bus Stations and building of new Heckmondwike Bus Station. Improvements in Huddersfield will involve a new active travel hub.
- Seeking improvements to bus infrastructure and integration as part of all new transport projects. Supporting West Yorkshire Combined Authority (WYCA) as necessary as they move to a new enhanced partnership system in relation to bus franchising.
- Working with National Rail to facilitate work on the TransPennine Route Upgrade. Funding has been made available to support the 'First and Last Mile' work, which will provide better active travel linkage from stations on the upgraded route, e.g., via work to enhance canal towpaths between Mirfield and Shepley.
- Secured money for improvements to the Penistone Line through Levelling Up Fund (LUF).
- Working with WYCA on their ambitions for mass transit across West Yorkshire – currently in phase 1 of the work. Key goal is to build resilience into our transport systems and give people more options to travel actively and / or sustainably.

General

- Currently working on Kirklees Transport Strategy which will dovetail into and support Local Transport Plan that the WYCA are drafting. The ambition is to have a resilient, integrated transport system in Kirklees.

Planning and Development:

We will work with partners to ensure quality planning, design, construction and management of spaces, places and homes.

We will facilitate development and implement local plans that respects and creates safe and attractive places, thriving, cohesive communities and supports health and wellbeing for those that live, work or study in Kirklees.

We will develop and maintain a range of spaces and infrastructure that are safe and encourage all forms of physical activity and movement and support positive emotional wellbeing.

- Creation of new local plan (Launched November 2023). The new plan will set out how Kirklees should be developed over the next 15 years, in line with national policy and legislation. The Local Plan will be used to help decide on planning applications and other planning related decisions. This will help to shape Kirklees as a healthy place to live, shape infrastructure investments and determine the future pattern of development across the district.
- Working closely with the University of Huddersfield to facilitate delivery of the National Health Innovation Campus (NHIC) at Southgate, that will deliver world class teaching, research and public/community health facilities as part of the wider Station to Stadium Enterprise Corridor; research and innovation activity in the NHIC will be focused on improving local health and wellbeing outcomes and will develop links with other innovative projects including the Council's new dementia care facility at Knowl Park House; the first building on campus - the Daphne Steel Building - is expected to open in September 2024 and will deliver courses in nursing and other allied health professions; the second building (scheduled to open in early 2026) will house the first Community

Diagnostic Hub to be located in a University campus and will deliver access to MRI, CT and other scanning/diagnostic facilities.

Democracy and Place Standard Engagement (PSE):

We will develop and maintain a range of spaces and infrastructure that are safe and encourage all forms of physical activity and movement and support positive emotional wellbeing.

We will work with communities to understand their local needs and offer a variety of opportunities to access physical activity, recreation, connection and culture and heritage activities.

- 1,412 citizens took part in place standard engagement across four neighbourhoods in 2023 (Skelmanthorpe (351), Brockholes (147), Newsome (311) and Marsden (603). The PSE explored how people felt about where they live in relation to a number of themes including natural spaces, play and recreation, social contact, identity and belonging, influence and sense of control.
- The feedback from the PSE has been published and action planning has taken place with Cllrs, citizens and partners to agree priorities for a local action plan.
- Initial priorities and actions for three areas (Newsome, Brockholes and Skelmanthorpe) have been developed and published and the final one is being finalised. Details of the PSE mentioned above, previous years PSE and action plans can be found on the [how good is our place website](#).
- We created our **Democracy Friendly Schools programme** with the aspiration of involving every young citizen. The programme helps young people to learn about and feel part of local democracy and civic life, to connect with Councillors, develop their own projects and activities and to have influence over what happens in their local place. The programme is open to all schools. 25 schools in North Kirklees and 26 in South Kirklees are currently participating.
- **Growing Great Places (GGP)** is the Council's civic crowdfunding programme which helps to raise funds for projects with a social common goal through civic crowdfunding.

Environmental Health:

We will implement identified measures which improve air quality and pollution.

We will develop and maintain a range of spaces and infrastructure that are safe and encourage all forms of physical activity and movement and support positive emotional wellbeing.

We will facilitate development and implement local plans that respects and creates safe and attractive places, thriving, cohesive communities and supports health and wellbeing for those that live, work or study in Kirklees.

Licensing Policy

- Review and re-publication of Kirklees Statement of Licensing Policy under the Licensing Act 2003 covering, alcohol, entertainment and late-night refreshment.
- Agreement to strengthen the alcohol harm elements of the Policy via use of local public health intelligence.

Air Quality

- Review and republication of Kirklees Air Quality Action Plan and Air Quality Strategy.

Food Safety

- Food Safety Plan – statutory plan to deliver food safety controls in Kirklees.

Culture and Visitor Economy

We will work with communities to understand their local needs and offer a variety of opportunities to access physical activity, recreation, connection and culture and heritage activities.

Town Halls

- We are committed to developing our programme alongside communities through post-event questionnaires, gathering feedback and asking residents what they would like to see at our Town Halls through Facebook, surveys and face-to-face conversations at events, such as at our Bollywood Day in April 2024.
- Our commercial programming is expanding and diversifying to introduce a wider range of shows and events for all ages and demographics.
- We have launched a membership scheme to encourage residents to feel more connected with our venues and working with new cultural organisations to widen our appeal.
- Our Pay it Forward Fund is allowing us to reach deeper into communities and offer the many social and health benefits of live performance to those who would ordinarily not have this opportunity, via links with local Third Sector organisations.
- We continue to develop the shared experience of our historic, listed buildings with such activities as our alliance with Heritage Open Days in September.

Development of the Kirklees Tourism Strategy

- Interest in physical and mental health has increased demand for active holidays, through simple pursuits such as walking and cycling, or 'community' activities such as yoga retreats, country sports, cultural festivals and craft courses.

Heritage Strategy - April 2024

- The strategy aims to support heritage and the programmes it can deliver within our communities to build stronger connections and experiences with one another and contribute to positive impacts for wellbeing, learning and skills development for the future. It will encourage inclusive opportunities for everyone to understand, enjoy and share our common heritage. An example being Monday's at the Museums which aims to improve Health and Wellbeing of the users with targeted activities.

4. Financial Implications

There continue to be challenges across the system due to budget pressures.

5. Sign off

Rachel Spencer Henshall, Strategic Director for Corporate Strategy, Commissioning and Public Health.

6. Next Steps

Board to consider the Healthy Places update and provide feedback on how they can continue to support the Healthy Places theme.

7. Recommendations

8. Contact Officer

Lucy Wearmouth,
Head of Improving Population Health
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