

Kirklees  
**Safeguarding Adults**  
Board

**Partners in  
preventing  
abuse and  
neglect**

Annual Report  
2016/17

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## Introduction from the Chair

Welcome to the Kirklees Safeguarding Adults Board annual report for 2016-17, the second annual report since I became the first Independent Chair.

The principal purpose of our annual report is to identify progress made over the past 12 months against the intentions we have laid out in our strategic plan and to lay out our work programme for the next 12 months against our updated 3 year strategic plan.

Whilst we now have our strengthened infrastructure in place with two effective lay members and the delivery group, chaired by the boards vice chair, and sub-groups engaged in delivery of the work programme. We know we have more to do to achieve our objectives. In particular over the next year we will be focusing on the following:

- Use of data and better evaluation of the safeguarding effectiveness for individuals, and our own effectiveness as a board. Our performance framework is being refined to enable the Board to focus on key priority areas.
- Making safeguarding personal is a key priority and we want to do better at understanding on how safeguarding interventions are affecting outcomes for adults who experience abuse and neglect.
- Continued strong collaboration with Kirklees other strategic partnerships and community engagement on transition issues and other areas of common ground relating to safety and community wellbeing.

It is essential that the board continue to provide even-handed and objective oversight, and challenges wherever issues of poor practice and unsatisfactory outcomes are identified. We are clear about our function as system leaders with others to work towards achieving our primary aim to keep the people of Kirklees safe. As an outward facing board we are committed to collaborative ways of working.

As normal this Annual Report will be submitted to the Health and Wellbeing Board and Overview and Scrutiny Panel. Board members will take it through their own governance boards and in addition, as required by the Care Act 2014, it will be shared with the Chief Executive and the leader of the local authority, the local policing body and Healthwatch Kirklees.



**Mike Houghton-Evans**  
Independent Chair

## Talking about Kirklees

Around 440,000 people live in Kirklees. It encompasses the two major centres of Huddersfield and Dewsbury, and smaller towns of Batley, Birstall, Cleckheaton, Denby Dale, Heckmondwike, Holmfirth, Kirkburton, Marsden, Meltham, Mirfield and Slaithwaite. It is a place where:

- The population has increased by 8.4% since 2002, and is predicted to rise by a further 9.9% by 2030.
- Projected increases are largest in very young and older adult age groups.
- Over three-quarters of the population are of White British ethnicity.
- One in ten people is of Pakistani ethnicity.
- Life expectancy is increasing but there are inequalities – those in the least deprived areas live longer than those in more deprived areas.
- Demand for suitable and affordable accommodation outstrips supply.
- Asylum seekers and European economic migrants are contributing to the emergence of new communities within Kirklees.

There are a number of significant factors affecting local health and wellbeing of these people. These include the economic challenges facing the country and impact on those who are more vulnerable; the increasing numbers of older people and their needs for care and support.

Kirklees Council and its Partners have developed two important strategies to respond to these challenges, and the opportunities available as well, 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 commitment to achieve a shared aim, that, ***‘No matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality’***.

It aims for people to have control and manage life challenges, be resilient and feel connected to others, and for them feel safe and included. The Kirklees Adults Board has its [Strategic Plan](#), as required by the Care Act 2014, which takes into account this local background and context.

## What is the Kirklees Safeguarding Adults Board and what does it do?

The Kirklees Safeguarding Adults Board (KSAB) brings together the main organisations working with Adults at Risk including the Local Authority, West Yorkshire Police and Health Agencies. Its core purpose is to help and protect adults at risk in its area.

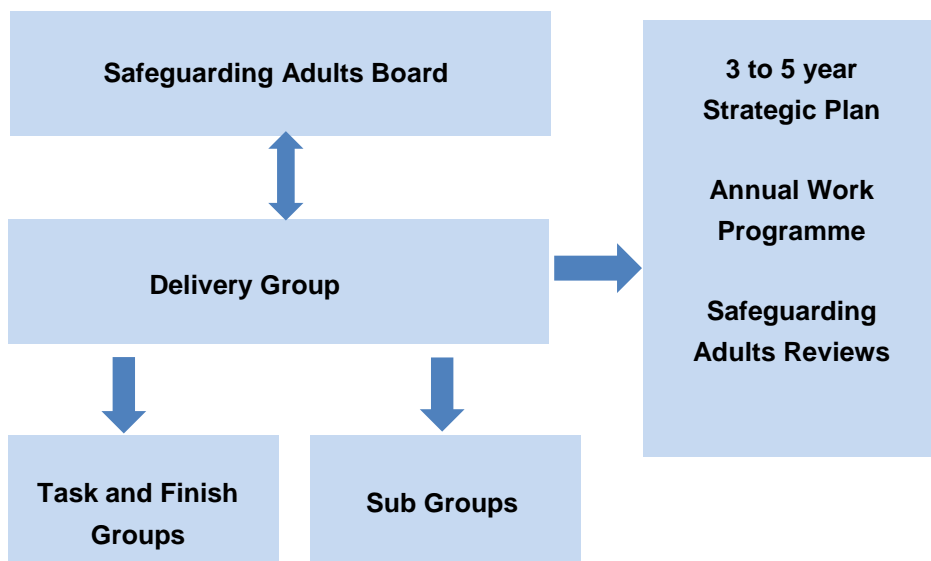
The board has overall governance of the policy, practice and implementation for Safeguarding. It also has a key role in promoting the wider agenda so that Safeguarding is seen as a responsibility for everyone. This year the Board has held four meetings and an additional development session

In accordance with Care Act guidance, the Independent Chair reports quarterly to the Local Authority Chief Executive on the work of the board. 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/board. 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 board's annual challenge event. The Board calls partners to account for their approach to safeguarding adults through regular reporting and through the challenge event.

The Board is supported by an infrastructure – refreshed 18 months ago that oversees and enables delivery of the work programme, coordinates Sub-Groups and Task-and-Finish Groups and provides analysis and intelligence for the Board.



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As a strategic partnership it is essential that the partners share the chairing and membership of the Delivery Group and the Sub Groups. The Delivery Group is chaired by the vice chair of the board and has set about co-ordinating the development and implementation of priorities outlined in the strategic plan.

## **Who are 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 board meetings for any reason they send, with the chairs permission, a nominated representative of sufficient seniority.

During 2016 - 17 the following agencies and organisations were members of the Kirklees Safeguarding Adults Board:

- Kirklees Council Adult Social Care
- Kirklees Council Commissioning and Health Partnerships
- Kirklees Council Housing
- West Yorkshire Police
- West Yorkshire Fire and Rescue Service
- NHS North Kirklees Clinical Commissioning Group
- NHS Greater Huddersfield Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- NHS England
- Locala Community Partnerships

We have strengthened our arrangements for lay membership on the board and have recruited a second lay member. We give great emphasis to this role and both members critically challenge decision-making, provide a service user and carer perspective and have played an active role in the work of the board, including supporting our Independent Chair at number of high profile events. One lay member is also on the Board of Healthwatch and is able to provide useful links to that organisation.

The expectation is that all members attend all board 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.

<b>Agency</b>	<b>Attendance for 2016-2017 (%)</b>
Chair – Mike Houghton-Evans	100
Greater Huddersfield CCG	100
Mid Yorkshire NHS Trust	75
South West Yorkshire NHS Trust	100
Kirklees – Director of Commissioning, Public Health and Adult Social Care	100
Kirklees Social Care and Wellbeing for Adults	100
Kirklees Council – Commissioning and Health Partnerships	100
Kirklees Legal Services	100
Kirklees Council Housing Services	75
West Yorkshire Police	100
Locala	100
West Yorkshire Fire and Rescue	100
North Kirklees CCG	100
Calderdale & Huddersfield NHS Trust	100
NHS England	75
Lay member	50

The following attend in an advisory capacity:

- Kirklees Council Legal Services
- Kirklees Safeguarding Partnership Manager
- Kirklees Deputy Safeguarding Partnership Manager
- Business Support Manager

During 2015-16 Sub-Groups of the board were:

- Delivery Group
- Safeguarding Adults Review
- Training and Development
- Quality and Performance

All of these groups have multi-agency membership. The Sub-Groups have met regularly in between each board meeting.

The Safeguarding Adults Network and the Dignity and Dementia Network are also Sub-Groups of the board. Their roles are to act as an information exchange and to share learning and good practice for a wider group of agencies across the partnership. This year two network events have been held.

This year there have been Task and Finish Groups working in partnership with other boards in Kirklees, including planning and delivering Safeguarding Week 2016, and across West, North Yorkshire, and York updating our Regional Policy and Procedures. Task and Finish Groups have also worked on updating our guidance on self-neglect, and refreshing the See Me and Care Campaign

## What is our Vision?

The Care Act 2014 aims to:

- Promote people's wellbeing.
- Enable people to prevent and postpone the need for care and support.
- Put people in control of their lives so they can pursue opportunities to realise their potential.

Making Safeguarding Personal aims to develop a safeguarding culture that focuses on the outcomes desired by people with care and support needs who may have been abused.

We want to look further at the role people play in embedding the 'Making Safeguarding Personal' approach across agencies, by establishing and developing a broader engagement strategy, having a focus on qualitative reporting on outcomes as well as quantitative measures, encouraging person-centred approaches to working with risk and making sure policies and procedures are in line with a personalised safeguarding approach.

### Our vision

'The citizens of Kirklees, irrespective of age, race, gender, culture, religion, disability or sexual orientation are able to live with their rights protected, in safety, free from abuse and the fear of abuse'

This Vision is based on these fundamental principles along with the [Joint Health and Wellbeing Strategy](#) (JHWS) and the [Kirklees Economic Strategy](#) (KES).

Our focus is on creating a culture where:

- Abuse is not tolerated.
- Following the principles of 'Making Safeguarding Personal', there is common understanding and belief of what to do when abuse happens.

To make this vision a reality it is essential that agencies work together to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Ensure that they safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Proactively take steps to stop abuse or neglect.
- Ensure they have a competent and able workforce.

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- Raise public awareness recognising the value local communities can play in prevention and early intervention.

We 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:** and transparency in Safeguarding Practice.

These principles above underpin the delivery of our vision.

## **Summary: Our key priorities and update on board activity**

This section of the report outlines our key priorities and summarises what we have achieved over the year.

Our priorities are to:

### **1) Provide strategic leadership across Kirklees for Adult Safeguarding through effective collaborative working.**

This year we said we would work towards the Board and its members being visible and outward facing. We also said we would work effectively with other strategic partnerships.

Key achievements include:

- ✓ Undertaking joint partnership work with the West and North Yorkshire and City of York Safeguarding Adults Boards.
- ✓ Signing up to a joint vision with Kirklees Safeguarding Children Board and Community Safety Partnership, and holding a joint Safeguarding Week with them developing our engagement strategy.

And next:

- Take the joint vision forward by continuing to work closely with other strategic partnerships on themed areas.
- Improve our understanding and gain stronger evidence of community awareness of safeguarding.

## **2) Gain assurance that adults are safeguarded through timely and proportionate responses when abuse or neglect have occurred, applying 'Making Safeguarding Personal' approaches.**

We said we would continue to work toward Safeguarding Practice being focused on outcomes and experience, not process. And that people who have experienced harm are empowered and feel outcomes are improved.

Key achievements include:

- ✓ Continuing to develop practice in line with 'Making Safeguarding Personal'.
- ✓ Delivering training that promotes and embeds 'Making Safeguarding Personal'.
- ✓ Auditing Safeguarding situations.
- ✓ Supporting Local Authority, as the lead partner agency for undertaking Safeguarding enquiries, to encourage more proportionate reporting of abuse and neglect.

And next:

- Continue to seek assurance that Making Safeguarding Personal is fully understood as part of everyday practice and improve our analysis of data to help us to do this
- Undertake themed audits where indicated through this analysis.

## **3) Support the development of and oversee preventative strategies that aim to reduce instances of abuse and neglect.**

Like last year, we said we would continue to support work on prevention and early intervention and continue to promote prevention of financial abuse.

Key achievements include:

- ✓ Sharing learning from our Safeguarding Adults Reviews.
- ✓ Developing strategic links with working to the Kirklees Early Intervention and Prevention Programme.
- ✓ Refreshing the See Me and Care campaign.
- ✓ Holding a successful network event highlighting local best practice on preventing financial abuse.

And next:

- Play our full part in contributing to the Kirklees wider prevention and early intervention work through participation in the work of the newly formed Joint Integration Board – Health, Social care and Housing.

#### **4) Promote multi-agency workforce development and consider any specialist training that may be required.**

This year we said we would disseminate learning across partners in Kirklees and reflective practice is encouraged. And make sure The Mental Capacity Act (MCA) is further embedded into practice.

Key achievements include:

- ✓ Continuing to run existing multi agency network events.
- ✓ Using the Board's Safeguarding Adults Review framework and providing training for our Safeguarding Adults Review Sub Group members.
- ✓ Promoting the Mental Capacity Act with an event for care providers focusing on good practice.
- ✓ Evaluating our existing training approach.

And next:

- Continue with networking events as a key way of engaging with professionals from across the system
- Continue our work to evaluate the impact of multi-agency training and identify future need and approach.

#### **5) Provide oversight of the effectiveness of partners' safeguarding arrangements and improvement plans.**

Like last year, we said we would make sure the Board has assurance mechanisms in place that enable it to hold agencies to account.

Key achievements include

- ✓ Strengthening our lay membership.
- ✓ Adopting a revised assurance framework.
- ✓ Adopting a refreshed, independent, Agency Audit Framework.
- ✓ Holding our annual Challenge Event for partners.
- ✓ Commencing work looking at how to analyse data from our partner agencies, so we can increase our understanding of the prevalence of abuse and neglect.

And next:

- Use the improved Assurance Framework to commission targeted audits and strengthen challenge event interviews
- Use feedback from adults who use care and support services, carers, advocates as well as Healthwatch and service providers to help us to do this

## Work we have undertaken throughout 2016/17

This section highlights of some of the work that has been completed over the year. It is organised around the key priorities described in the previous section.

### 1) Leadership and collaboration

#### **Our Independent Chair says**

*“It is essential that the board continue to provide even-handed and objective oversight, and challenges wherever issues of poor practice and unsatisfactory outcomes are identified. We are clear about our function as system leaders with others to work towards achieving our primary aim to keep the people of Kirklees safe. As an outward facing board we are committed to collaborative ways of working.”*

#### **Our members**

We have built on work we started last year, when we appoint our first Independent Chair. This year we wanted to make sure that the board and its members are more accountable, visible and outward facing, so we have clarified the role of the Vice Chair, a position taken by one of the board’s statutory partners.

The Vice Chair is appointed for a period of 3 years, and acts as deputy to the Independent Chair. This ensures consistent leadership across the partnership. In the absence of the Independent Chair, the Vice Chair will chair meetings of the KSAB, and provide impartial support and advice when requested.

The Vice Chair also plays a key part in the development of the Delivery Group by leading and chairing it, and undertakes a leadership role in the continued development of our partnership work.

The Delivery Group has been created to strengthen partnership ownership of the boards’ work. It co-ordinates the development and implementation of objectives and priorities outlined in the strategic plan, establishes Sub-Groups, Task-and-Finish Groups and public engagement arrangements, as appropriate; and helps drive the development of good practice in Safeguarding Adults work.

We’ve also strengthened our lay membership this year – by appointing a second lay member. The role of the lay member has been crucially important for a number of years, but as we seek to become more person centred and more participative in the way we work, we recognised that it was important to increase the profile of this role. They work at a strategic level to provide lay, service user and carer perspectives.

Our lay members are asked to attend board meetings and other meetings where the lay member’s perspective is required. They assess evidence and information provided at meetings to form views and opinions; they ask appropriate questions on issues at board meetings and contribute to the formulation of board decisions.

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The board took another step to becoming more outward facing this year and now publishes its minutes. This is to increase the transparency of the board's actions and achievements and those of its partner agencies. In turn, this should help to increase public awareness of the independent nature of the board and how it seeks assurances from its members regarding safeguarding issues.

### **Working with Healthwatch Kirklees and developing our Engagement Strategy:**

We know we need to improve our understanding of community awareness of adult abuse; our relationship with Healthwatch is one way of helping us do this. Last year we broke new ground when it independently evaluated how much learning had taken place in Kirklees following a Safeguarding Adults Review. We also consulted over the development of our first [Strategic Plan](#).

This year the relationship has continued to develop in a dynamic way. We asked Healthwatch to support our Independent Chair and lay members at our annual Challenge Event, when partners are asked to account for the work they have undertaken. This provided an additional level of transparency and scrutiny. We will continue to work in partnership with Healthwatch and our local third sector as we fully implement our engagement strategy over the next year.

Healthwatch Kirklees is the independent consumer champion for the public in Kirklees, on matters relating to Health and Social Care. It has a seat on the Health and Wellbeing Board and contributes to feedback as part of commissioning and decision making for local Health and Social Care Services.

### **'Stronger together – working for a safe and healthy Kirklees' –continuing to Work effectively with other strategic partnerships and the Police and Crime Commissioner:**

There are five boards who work to promote safe and healthy communities across Kirklees. Whilst each board has its own specific roles, the boards also have shared values and, often, shared priorities and areas of work.

The boards already work together in helping to keep local people safe and healthy within strong and supportive communities. At the same time, we recognise that closer, more formal links will support our work and achieve a wide range of benefits - contributing to a shared ethos of being person-centred with a focus on individual, family and community wellbeing.

The five Kirklees Boards are the Safeguarding Children's Board, the Safeguarding Adult's Board, the Community Safety Partnership, the Health and Wellbeing Board and the Children's Trust.

Safer Kirklees brings together the Council, Kirklees Neighbourhood Housing, West Yorkshire Police, Fire and Rescue Service, the Office for the Police Crime Commissioner and Offender Management Services to work with local people to collectively make Kirklees a safer place. Its work focuses on reducing crime, tackling anti-social behaviour, improving confidence and protecting people from serious harm.

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Protecting people from serious harm includes a wide range of areas including domestic abuse, child sexual exploitation, human trafficking, female genital mutilation and preventing violent extremism.

All of these areas require community safety partners to work in collaboration with those from Adult's and Children's to safeguard people at the earliest stage. The Kirklees Safeguarding Children's Board provides the framework for making sure that effective services are provided by partner agencies, including Kirklees Council, Health Organisations, West Yorkshire Police, West Yorkshire Probation, and the voluntary/community sector, to safeguard and promote the welfare of children in Kirklees, particularly protection from harm.

About 18 months ago, the Community Safety Partnership and the Safeguarding Boards for Adults and Children recognised the need to work collaboratively to ensure there were effective strategic and operational connections to keep people safe and protect them from harm at the earliest opportunity. This approach is keenly supported by the Police and Crime Commissioner, the work that we do feeds in to the outcomes of the Health and Wellbeing Boards and the Children's Trust.

Since then we have had some strategic workshops to take stock of the current position and identify areas where we needed to focus on. As a result of this work, we ensured there were better connections with some of the areas mentioned above and for other areas it was about developing a new joint strategy to build on existing approaches.

In October 2016 the partnerships came together for Kirklees' first ever Safeguarding Week to launch a joint statement reflecting our ambition.

Safeguarding Week had 2 key aims:

- To strengthen the extensive work undertaken by the 3 Boards and partner agencies to safeguard children, young people and adults, and support partners and staff in their safeguarding roles.
  - To raise public awareness around the services delivered - promoting key messages for the week around keeping safe, speaking up if you have any concerns, early intervention and prevention and importantly, breaking down stigmas and fears around safeguarding.
- 
- A variety of communication methods were used, including pavement vinyls, button badges, info-bus banners, information packs and Social media (Facebook and Twitter) was also used.
  - People from Kirklees Involvement Network (KIN), Kirklees Youth Council (KYC), and Huddersfield Pakistani Community Alliance volunteered their time to get involved in producing a video "What makes me feel safe". This short film formed part of the series of presentations at the launch event.
  - 40 events and activities took place over the week including an Opening Launch.
  - Use of theatre performances.

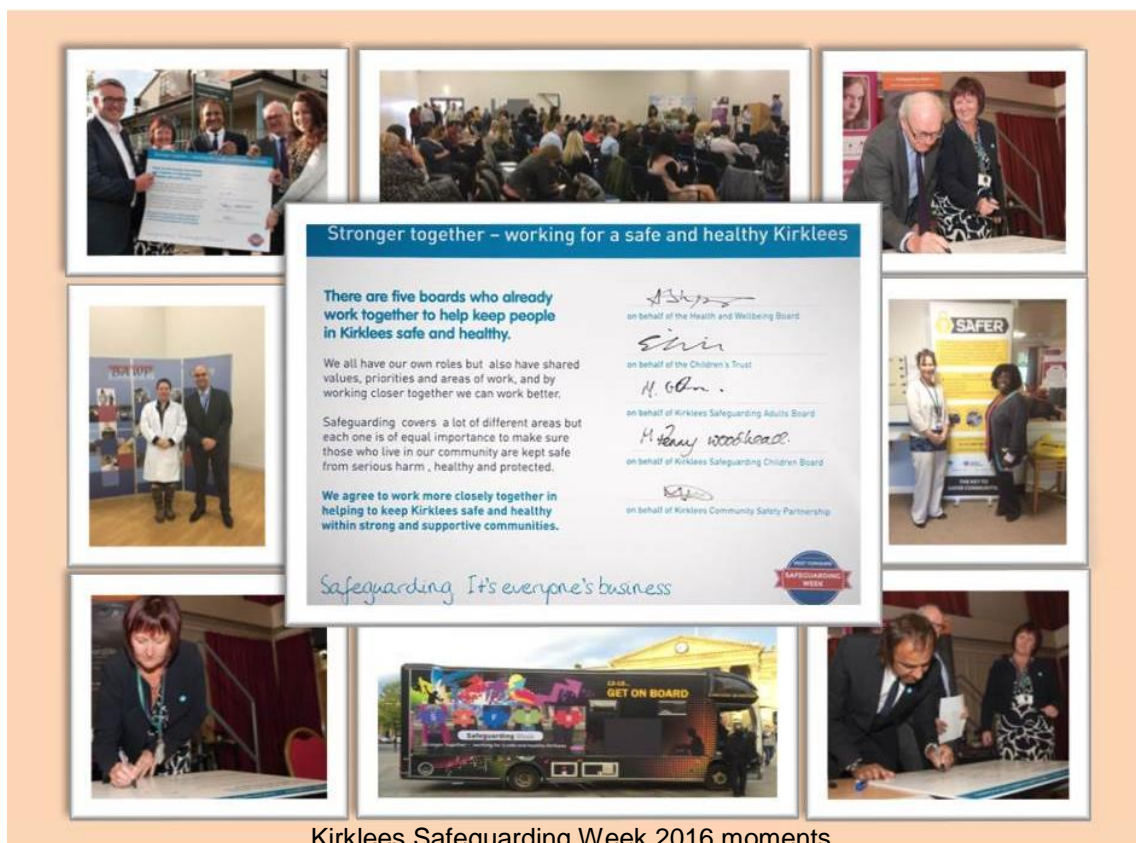
Workshops and briefings included:

- Raising awareness of sexual violence.
- Raising awareness of Prevent – WRAP (Workshop to Raise Awareness of Prevent).
- Making Safeguarding Personal.
- Domestic Abuse briefing including Live Safe Hub and Choices Perpetrator Programme.
- Disclosure and Barring Service (DBS).

During the week we started work on proactively reporting on the work of the board, highlighting areas of good practice and using social media as a way of disseminating information. This included some work on raising community awareness of adult abuse and neglect and how to respond.

Since Safeguarding Week and the launch of the statement, the Adults Board has refreshed its protocol with the Health and Wellbeing Board and continues to develop working relationships with these partnerships and with elected members. During the year we have also undertaken joint work on the Female Genital Mutilation Strategy, and received update reports from other cross cutting areas – such as Human Trafficking, and ‘Prevent - WRAP’.

The Kirklees FGM Strategy 2016 produced by all three Boards is focused on preventing FGM through education, and identifying women and girls at risk so that they can be protected from harm. Where FGM has occurred, either recently or at some point in the past, the strategy ensures that appropriate support is put in place for the woman or girl’s physical and emotional wellbeing.



Kirklees Safeguarding Week 2016 moments

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## **Undertaking joint partnership work with the West and North Yorkshire and City of York Safeguarding Adults Boards**

The Multi – Agency Safeguarding Adults Policy and Procedures currently in use across West Yorkshire, North Yorkshire and York, were developed in accordance with the requirements of the Care Act 2014, and implemented from April 2015. It was always envisaged that a review would take place to ensure the procedures deliver effective, proportional, person centred approaches that support people to be safe and promote their wellbeing. This year, the Kirklees Safeguarding Adults Board has been actively involved in the review, working closely with our regional colleagues on this joint work to promote best practice.

## **Working with the Domestic Abuse Strategy Partnership to finalise a local approach to Adult Safeguarding and domestic abuse**

A significant proportion of people who need safeguarding support do so because they are experiencing domestic abuse. Despite the clear overlap between work to support people experiencing domestic abuse and safeguarding adults work, the two have tended to develop as separate professional fields. The Care Act 2014 requires clear strategic and practice links to be made between the approaches

In order for good practice to develop and flourish, there are steps that organisations can take to provide the best environment to support good practice.

This includes:

- Ensuring that staff understands that many circumstances are both safeguarding situations and domestic abuse, and that they have a range options with which to work with people.
- Ensuring that organisational policies, protocols and procedures about safeguarding explain the links with domestic abuse and, similarly, policies, protocols and procedures about domestic abuse refer to safeguarding.
- Ensuring that there are effective and clear links and arrangements between safeguarding services and MARACs (Multi agency risk Assessment conferences).
- Ensure all relevant sectors of the workforce have access to training and awareness raising, including integrated training that covers both safeguarding and domestic abuse rather than treating them as separate issues.
- Contribute effectively to, and learn from, Safeguarding Adults Reviews, Serious Case Reviews and Domestic Homicide Reviews identifying what organisational changes can be made in order to reduce the risk of death and serious harm occurring in the future.

This year the board has been working closely with the Domestic abuse partnership here in Kirklees to help make these links better understood.



## **Promoting a learning culture by undertaking Safeguarding Adults Reviews, and sharing the learning from them**

The KSAB Safeguarding Adults Review (SAR) framework sets out the criteria for when the board must or may commission a SAR and a menu of options for conducting one. It also includes how learning from our SARs and from other SARs nationally will be acted on in Kirklees.

This year we have shared learning by newsletters and network events, and by commissioning specific pieces of work in relation to sharing learning, but this area continues to be one we need to develop. Our Engagement strategy and learning framework, which will be completed during 2017, should enable us to do this better.

## **Learning Disabilities Mortality Review (LeDeR) Programme**

Over the last 2 years a focus on improving the lives of people with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health.

In November 2016 the national LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD). LeDeR involves reviewing the deaths of all people with learning disabilities aged 4 to 74, identifying the potentially avoidable contributory factors related to their deaths. It also looks at best practice and develops actions to make any necessary changes to Health and Social Care Service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive. Good practice examples will be written up and shared nationally.

The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required. In Kirklees, we've ensured the right links are made with Safeguarding Adults Review.

## **Working with The Police and Crime Commissioner – supporting our approach to joint work**

Safeguarding is a theme that runs throughout the West Yorkshire Police and Crime Plan (refreshed 2017). The Police and Crime Commissioner (PCC) sees that whilst there are distinct differences between Adult and Children's Boards and also Community Safety Partnerships, there are also increasing opportunities for improved working together, shared strategies and problem solving. The PCC's office continues to actively support our work with the other partnerships here in Kirklees.

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## **Working with elected members**

The board's leadership role involves demonstrating that there is recognised and active leadership by the Local Authority on Adult Safeguarding and that elected members and officers are knowledgeable about safeguarding and keep abreast of local and national developments.

Our Independent Chair meets quarterly with the local authority Chief Executive and in addition, the Cabinet Member for Health, Wellbeing and Communities receives regular briefings around safeguarding performance, current safeguarding issues and challenges in Health and Social Care. She also receives a regular update report on key board activities and local and national developments. Cabinet members played a key leadership in our launch of Safeguarding Week

As in previous years, the KSAB Annual Report was presented to the Health and Wellbeing Board and The Health and Social Care Scrutiny Panel.

Safeguarding issues have continued to be an important part of development opportunities for Councillors. Core Safeguarding training on the role of Councillors was offered to all new Councillors in 2016. This will continue to be part of induction packages to ensure that all new Councillors have an early introduction to Safeguarding issues and understand their role and how to respond appropriately. A core session was also held in March 2017, targeted at the few Councillors who had been unable to attend previous sessions. A further core session is timetabled for July 2017. A series of factsheets on cross cutting themes, such as Human Trafficking and Female Genital Mutilation are being developed on a range of subjects for elected members.

Work is now underway planning for the annual Safeguarding Refresher training to take place in October 2017. It will take the form of a roadshow with Councillors receiving an introductory update followed by attending thematic workshops on Safeguarding issues relevant to the Kirklees District.

## **Continuing our Links with NHS England**

NHS England has been a member of the Kirklees Safeguarding Adults Board for some years. It is the policy lead for NHS Safeguarding, working across Health and Social Care, leading and defining improvement in Safeguarding practice and outcomes. It has an assurance role for Safeguarding in healthcare and also in sharing and promoting best practice. The Government sets out a number of objectives relating to safeguarding which NHS England is legally obliged to pursue.

These are set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework published by NHS England in July 2015.

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

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## 2) Assurance that adults are safeguarded and supported to have choice

### Feedback from adults at risk:

***‘My experience was much better with this concern that it was 7 years ago. The system has undoubtedly improved. I was involved at the right time’.***

***‘It is important to have the information you require, not what they think you need to know’.***

Making Safeguarding Personal (MSP) is the key driver in making sure adults are supported to have a choice. It is about making sure that people are at the centre of and are better informed about what Safeguarding is. The Care Act reinforced the key principles of MSP, by requiring person centred practice.

A part of national work underpinning this is ‘The Making Safeguarding Personal (MSP) Temperature Check’ which was commissioned by the Association of Directors of Adult Social Services. This was undertaken in the form of a ‘coaching conversation. Kirklees, along with many other Local Authorities, participated in this project.

The conversation covered a range of areas including where MSP fits into organisational strategies and ways of hearing service users' voices. It also covered staff training and development. The conversation asked for a self-assessed rating on each of the above areas. The MSP Temperature Check indicated that whilst we have good Board leadership and a partnership engagement, we have more work to do.

In Kirklees a small Task-and-Finish Group, led by the Local Authority has been working on the following areas identified:

- Asking adults at risk and /or their advocates about what they want to happen about a Safeguarding concern.
- Promoting multi-agency training which emphasises Making Safeguarding Personal.
- Promoting the use of advocacy
- Providing information in easily accessible language
- Obtaining feedback from people who have experienced Safeguarding to help us improve our practice.

Evidence from a range of audit activities indicate that progress has been made and practice influenced by MSP in all the above areas, but we still have some way to go. We need to be routinely measuring how we make a difference across the partnership to peoples’ lives, and undertaking this in a sensitive and effective way. While the Local Authority is the lead agency for this area of work, the Board needs to have continued oversight of this.

The Board has a responsibility to assure itself that an effective and accountable Safeguarding system operates within Kirklees. This includes having an assurance

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that the partnership complies with the implementation of government guidance and legislation and implements recommendations from major national reviews.

The Local Authority is the lead partner agency for undertaking Safeguarding enquiries (as defined in the Care Act) and has undertaken a significant piece of remodelling this year. The impetus to change the existing Adult Safeguarding operating model came from a need to ensure outcomes for individuals, families and carers that are positive, personal and where necessary, reduce risk.

In order to achieve meaningful change and transformation in a high pressure service a systems thinking approach was utilised. This supported a review of the model and included workers from every level of the service in resolving challenges en route to designing an outcomes led, personal and safe new model. The central role of workers in designing and testing the new model was essential to its success since they maintain expertise and intimate knowledge of how the system works.

The initial development phase, which benefitted from great support from Key Partners of the new operational model demonstrated:

- Person centred design.
- Responses to individuals, carers and families using a personal approach.
- Proportionate response and by the right service.
- Focus on risk and decision making, developing a Skilled Professional workforce.
- Management focuses on support, enabling, challenge and driving improvement.
- Greater adherence to principles of Making Safeguarding Personal (MSP) and positive service user feedback (individuals contacted; felt their experience was outcome focused).

Work is currently progressing to review the whole Safeguarding Pathway within the Local Authority from end to end. This reflects the challenge offered by the review mentioned above and ensures the whole service users journey is Care Act and Making Safeguarding Personal compliant, in the best possible way. .

### **Our auditing activity**

The Safeguarding Adults Board monitors numbers of concerns, outcomes and themes; ensuring action is taken to address identified practice concerns (more information is found at Appendix 1) and quality assures the response to the Mental Capacity Act (MCA) across the partnership.

The board has had for a number of years, a schedule for auditing Safeguarding cases. This audit schedule was jointly linked to run by the Local Authority as a result of a previous inspection regime. Last year the Local Authority refreshed its own approach and developed its 'Achieving Excellence in Adult Social Care Programme'. Although the Board has always undertaken some independent audit activity, we have used this as an opportunity to totally separate out this former joint audit function, and to this year redesign its own independent, multi-agency audit framework, which we will be doing from now on.

While this separation has been underway, audit activity has continued to ensure the Board remains assured about the adherence to policy and procedures and that adults are safeguarded in a way that gives them choice. Over the year we have looked at appropriate decision making about safeguarding concerns and follow on action. We've also looked at Case Conferences records and use of advocacy. In addition we have also observed Case Conference practice and undertaken telephone questionnaires with a sample of service users.

The key themes examined included, adherence to Making Safeguarding Personal, within the current policy and procedures, managing risk, consideration of Mental Capacity and evidence of clear rational decision making.

Below is a summary of the themes and findings:

### **Our audit findings**

- Overall the audits indicated that Making Safeguarding Personal is continually being embedded into practice and the audits evidenced that once a case followed a formal safeguarding process, (as our current policy and procedures require), practitioners worked hard to ensure the focus remained on the wishes, beliefs and outcomes that the adult at risk wants.
- All the audits showed that the support needs for the adult at risk are being considered and the adult was being appropriately supported. The uptake of independent advocacy was lower than anticipated by changes brought about by the Care Act 2014. But in most cases the adult at risk was supported by family, but where required an Independent Mental Capacity Advocate (IMCA) or other advocates were appointed.
- All audits identified that Mental Capacity was considered and where required, assessed throughout the Safeguarding process.
- The audits demonstrated that risk was considered and managed at all stages of the process.
- All audits showed that decision making by practitioners was clearly recorded and appropriate.
- The audits are showing that recording of cases in the main was of good quality.

Key Areas for improvement included:

- Supporting adults at risk to attend meetings if they wish.
- There needs to be more evidence to support the lack of capacity recorded.
- Continued work on ensuring good quality of recording and good use of protection planning.

### **For the future**

As our [Strategic Plan](#) outlines, we have plans to ensure our practice will become more person centred. As we develop and embed our engagement strategy, we will be able to have better mechanisms for ensuring we get better feedback and that people who have experienced harm are empowered and feel outcomes are improved for them.

### 3) Preventative strategies

***'I just wanted to say a big 'Thank you' for having us as guest speakers. As a result of the event we gathered 13 contacts on the day, we are in the process of arranging 4 Partner Training sessions with various teams, had one request to attend a home visit with a social worker who believes one of her elderly clients is responding to scam mail. And I have been contacted by Huddersfield University about the possibility of giving a lecture / developing a training package for Social Workers – which will have far-reaching results'. - Catherine Chadwick-Rayner from West Yorkshire Joint Services, – feedback from our network event on Preventing Financial Abuse.***

The board has continued to give high profile to work on preventing abuse and neglect. By developing a series of strategies to prevent abuse or neglect, and by supporting a number of initiatives, including learning from Safeguarding Adults Reviews, we aim to improve the quality of care and prevent safeguarding issues arising in the first place.

#### **Learning from our Safeguarding Adults Reviews**

When an adult who needs care and support either dies or suffers serious harm, and when abuse or neglect is thought to have been a factor, Kirklees Safeguarding Adults Board needs to undertake a Safeguarding Adults Review.

Sometimes Safeguarding Adult Boards will also arrange for a SAR to take place in other situations where they feel there need to be lessons learnt about the way organisations worked together to support the person who suffered harm.

We undertook a SAR into the circumstances surrounding a very sudden Care Home closure which was upsetting for residents and relatives, and staff working in the home, because of the speed of the closure, and was challenging for the professionals working to support them. The board is still monitoring some recommended actions from this review. The report can be found: [The Closure of Oxford Care Home](#)

A number of recommendations arose, one was that the Local Authority, Health Commissioners and the Care Quality Commission jointly review their approach to the management of quality in the care provider market so that the best possible standards are maintained, and early preventative action can be taken.

Work was already underway on updating the strategy for residential and nursing homes in Kirklees. This was developed out of a recognition that Care Homes in Kirklees, in common with the rest of the country, are facing very real difficulties – in recruiting and retaining the right workforce; in being able to support older people with increasingly complex needs; in having enough resources to remain viable as businesses; and in creating and sustaining a suitable environment to meet these changing needs.

The Safeguarding Adults Board has been kept apprised of this piece of work because of the crossover with the Safeguarding Adults Review. A number of other actions have been undertaken by partner agencies and the board is still monitoring improvements made. They include multi-agency actions to improve coordination of all the different services there are to support Care Homes, to prevent issues of abuse in care settings arise in the first place, and to provide a better coordinated response if a Care Home sadly closes.

The board is still maintaining an oversight of a recommendation from a Serious Case Review published in 2014, where an elderly man with dementia (Mr F) died in tragic circumstances.

The Dementia Challenge in Kirklees: A joint dementia strategy, (2015 - 2020) incorporates a comprehensive action plan, which sets out the actions required to improve the health, wellbeing and experience of services by individuals living with dementia and of the people who care for someone living with dementia and the recommendations identified following this Serious Case Review.

### **Continuing to support a partnership approach to Early Intervention and Prevention**

Last year we committed, through the work across the 3 Boards, to ensure the KSAB supports the work of the council's Early Intervention and Prevention Programme (EIP).

EIP aims to address problems at the earliest opportunity before they escalate, to work in partnership to improve outcomes for everyone, and help more people in the most appropriate way with the limited amount of money available to public bodies. It involves doing things differently; focusing more on prevention as well ensuring people are kept safe.

The board continues to receive regular updates on the Early Intervention and Prevention approach and to work to support and influence this work programme.

### **Refreshing the 'See ME and Care' campaign**

Kirklees Safeguarding Adults Board began the first 'See ME and Care' campaign in 2013, with phase 2 following soon after in 2014.

A key prevention approach - The campaign (targeted at health and social care workers) is about challenging poor practice in care and promoting a message for staff about treating people how you would want your own family and friends to be treated. It is part of the continuing work to promote dignity in care and to prevent adults at risk being abused. In 2014 the campaign focused on sharing good practice and was widened to include other partner agencies, re-enforced by training and awareness programmes for staff.

Following a positive evaluation of the most recent campaign, the board decided to refresh the campaign and the brief was to make it relevant to everyone.

Everyone has their own part to play in the lives of others, be they; care workers, the police, mobile library staff, boiler repair men, Kirklees Council Housing Services staff, people coming to read the utility meter, neighbours - everyone.

With this in mind, KSAB teamed up with Curtain Up Players (a local community drama group) and Huddersfield based media company, Quickfoot Films, to produce a short film.

Written and performed by members of Curtain Up Players, the film highlights a very real situation that could, and does happen every day in family life.

The powerful message "*Little things make a difference*" can be viewed at [www.kirklees.gov.uk/seemeandcare](http://www.kirklees.gov.uk/seemeandcare)

The Board extends special thanks to Curtain Up Players for taking time to be part of this campaign.

Many issues can be dealt with quickly and resolved immediately. The 'See ME and Care' campaign encourages staff to take responsibility for their actions, noticing when things are not quite right, challenging others and taking action, and if necessary raising the issue with their manager.

As part of this campaign the board has a checklist 'Early Indicators of Concern Form' to be used by professionals across the Safeguard Partnership when visiting care settings within Kirklees.

The information from these forms is collated by partner agencies and used to form an overview of practices within care settings. This is a really useful way of addressing and recording concerns about poor practice before it becomes abusive.

### **Highlighting work on preventing financial abuse**

Through our close working relationship with the Kirklees Financial Inclusion Steering Group we have been able over a number of years to support work to improve the awareness of financial abuse. This year we worked jointly with them to plan our multi-agency network event looked at preventing financial abuse. Over 120 people attended from a range of partner organisations.

A range of speakers from West Yorkshire Joint Services, Kirklees Adult Social Care, Pennine Domestic Violence Group and Kirklees Victim Support all delivered presentations at this event, which provided valuable information and insight into what each of the organisations provide to help prevent financial abuse and the support they offer when it occurs. The feedback and evaluation of the event was extremely positive both from the attendees and speakers.



## **Promoting good practice in end of life care**

***‘I thought the presentation was absolutely outstanding and would like to thank her for taking the time to share her devastating experience in order to enlighten others’*** - Our Dignity in Care and Dementia network event this year focused on promoting dignity at end of life. The event, which attracted over 100 speakers, heard a presentation from a local carer, who bravely spoke of her own experience, and from local professionals showcasing good practice.

## **Embedding our approach to self-neglect and hoarding**

A key area of work linked to prevention has been the development of our approaches to situations of self-neglect and hoarding, which we undertook last year, when we approved guidance for managing self-neglect and a framework for hoarding. Situations where someone appears to be self-neglecting are complex and challenging and this year we have delivered training to underpin these protocols and monitored their use. We have also revised them on the basis of some feedback from the partnership.

## **Promoting safety – expansion of the Safe Places Scheme**

***‘If you need help you might not know who to ask or trust. You might feel scared and alone. A ‘Safe Place’ is somewhere you can go to for help if this ever happens to you.’***

‘Safe Places’ are designated venues in the community where people can go if they are feeling unsafe or are experiencing what might be described as a hate crime. The scheme is partnership arrangement delivered by Mencap in Kirklees, with support from the Learning Disability Partnership Board, Metro Travel, the Kirklees Dementia Action Alliance, Alzheimer’s Society and Making Space.

The board has actively supported this scheme for a number of years as part of its prevention agenda. The ‘Safe Places’ scheme originally focused on individuals with learning disabilities, but is for people who are over 16 and who might be vulnerable when they go out. At present it is for people who may have a learning disability, autism, dementia, or a physical disability. New partnerships have also been encouraged; it currently has 520 Members and 113 venues.

## **Monitoring Deprivation of Liberty pressures**

Deprivations of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The aim of DoLS is to ensure that if a person’s life is being so restricted that their liberty is taken from them, there should be an independent assessment and authorisation process for the deprivation.

DoLS is a lengthy and complex process which if not followed precisely can lead to individuals, particularly in care home and hospitals, being unlawfully deprived of their liberty. This is a breach of Article 5 of the Human Rights Act.

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The board has had an approach for a number of years now where any work around Mental Capacity has been integrated into the work of its sub-groups, and any activity around Deprivation of Liberty Safeguards (DoLS) has been reported as part of the Annual Report.

There continues to be a significant national increase as a result of a Supreme Court Judgement which widened the pool of those who might be considered to be deprived of their liberty. The Local Authority, who leads on this process, has undertaken specific actions to monitor activity and risk assess the demand. The board has ensured it is regularly updated about the impact of the continuing increase in the number of Deprivation of Liberty Safeguards (DoLS) applications being received by the Council and the risks associated with this increase.

### **Producing Guidance on the Administration of Covert Medication**

New guidance has been produced by the KSAB, based on a recent legal judgement and National Institute for Clinical Excellence (NICE) guidance.

The administration of covert medicines is a complex issue and involves the administration of a medicine in a disguised form to someone without their knowledge or consent. Failing to respect a competent adult's refusal to take a prescribed medication may breach a person's human rights and may amount to a criminal offence.

Individuals, who are competent to make their own decisions, are entitled to refuse treatment even when this decision may adversely affect their health. Care staff should not administer medicines to a resident without their knowledge, if they have the capacity to make a decision.

## 4) Multi-agency workforce development and specialist training

Feedback from practitioners who have attended our training:

*“I want to feel more confident about asking the right questions particularly around finance, consent to sexual relationships and medication”*

*“I now take time to assess what the situation is; I plan appropriate questions to get to know their side of the story. It helps to build up the relationship by listening to theirs and other’s accounts”*

*“I really understand that people have the right to make unwise decisions”*

### Training in 2016 – 2017

The Training Sub Group aims to deliver and implement a strategic approach to learning and development, support partner agencies in raising the skills and competencies of staff and volunteers, and promotes inter agency collaboration.

It also contributes to the implementation of multi-agency policy, procedures and guidance to safeguard adults at risk from abuse or neglect in Kirklees, and help them to live a life free from abuse and neglect.

The sub group oversees the development of the board’s training plan and ensures all training it commissions or delivers is consistent with policy and promotes best practice. It also ensures that Mental Capacity Act (MCA) and Making Safeguarding Personal are integral to the delivery of all safeguarding learning events. It links to other areas of training, for example Dignity in Care and Deprivation of Liberty and also focuses on learning from our Safeguarding Adults Reviews.

It works in partnership with the Kirklees Safeguarding Children Board training work stream and Kirklees Community Safety Partnership on shared agenda/delivery where appropriate.

Multi-agency learning is complex, and the Care Act enables Boards to rethink the approach laid down in ‘No secrets’ statutory guidance of 2009. This year the sub group has commenced a major piece of work on evaluating the whole multi-agency approach to learning, and to develop a learning framework to help the Board have a more up to date approach.

The next section summarises key safeguarding training activity for 2016 – 2017.

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## **Key training achievements 2016 – 2017**

In 2015 we made sure all training that the board commissioned incorporated the key messages of Making Safeguarding Personal. In 2016 we wanted to see what that meant in practice. We took an independent look by auditing some of the training courses that were currently being delivered. The audit evidenced that the delivery of the courses contained the key messages and the principles of MSP. A further audit took place in 2016 to find out whether the people who attended the training were now applying MSP messages and principles into their work practice. The report highlighted some barriers to putting MSP into work practice and some positive examples where this is happening. Recommendations from the reports have been implemented into 2017/18 Adult Safeguarding Training Plan.

### **See ME and Care – Preventing Abuse**

A Framework for Compassionate Care continues to be delivered to underpin the key messages to the See Me and Care campaign and the impact of the training was included as part of the overall evaluation of the campaign.

### **The Safeguarding and Dignity in Care Networks**

The Safeguarding and Dignity in Care Networks, mentioned elsewhere in the report are now well established with regular attendees and a wide range of representation from organisations across Kirklees. The events continue to attract over 100 attendees, who enjoy the opportunity of new learning and to reflect upon their own practice. These events always evaluate very well. The board is grateful to all those who give freely of their time to speak and on occasions, travel considerable distance, to ensure the continued success of our Network Events.

### **Developing a Learning Culture from Safeguarding Adults Reviews**

The Board's Safeguarding Adults Review Framework sets out the criteria for when Kirklees SAB must or may commission a SAR; a menu of options for conducting SARs, guidance on how adults at risk and their families and staff involved will be supported in SARs; how learning from our SARs and from other SARs nationally will be acted on in Kirklees.

The importance of sharing learning from SARs in order to improve practice continues to be highlighted. The board recognises the need to share learning on a regular basis across all partner agencies, and although we have done this by a series of events and newsletters, and by attending training events arranged for the Yorkshire and Humber Region we continue to work on how to embed learning effectively.

The Oxford Grange Review found that partners worked well together given the complex set of circumstances, however, there were challenges in ensuring clear, consistent and timely communication. This resulted in people experiencing mixed messages which compromised the ability to plan alternative care home placements effectively.

There is a series of recommendations which are contained in the report and the board is currently monitoring the agency responses to those recommendations and sharing the lessons learned. Overall the picture was that the majority of residents had settled well in their new homes, and the board arranged for the Social Care Institute of Excellence (SCIE) to undertake some specific training for staff involved in such difficult circumstances. During the training the participants worked to identify the strengths and challenges in current practice. The group then went on to draw out specific strategic questions relevant to organisational improvement and development – these are being taken forward.

The board has also shared relevant learning from a Serious Case Review from the Children’s Board, and considered a recommendation from a recent Domestic Homicide Review.

### **Evaluating our existing training**

The KSAB training plan specifically includes training focused on desired outcomes for the service user - making sure Making Safeguarding Personal is a thread which runs through all training.

This year the Training Sub-Group arranged for an audit of a number of training courses to see if the messages and principles of MSP were being delivered throughout the training.

A follow up evaluation took place to see if the people who attended the training were now actually putting MSP messages and principles into their work practice. The report highlighted some positive examples where this is happening, and identified some barriers preventing putting MSP into work practice.

Recommendations from the reports have been implemented into 2017/18 Adult Safeguarding Training Plan.

## **5) Oversight of the effectiveness of partners’ safeguarding arrangements and improvement plans.**

**Our Independent Chair says:**

***“We recognise that this is core to our purpose, and strengthened Assurance Framework will help us focus on this key area over the next year.”***

### **Our Independent Chair**

In accordance with Care Act guidance, the Independent Chair reports quarterly to the Local Authority Chief Executive and will also report on the work of the board, including through the Annual Report to the Health and Wellbeing Board and to Scrutiny Panel.

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### **Our challenge event**

This year the Board Challenge Event involved 2 panels, one chaired by Mike Houghton-Evans (MHE) and the other by Hazel Wigmore, Lay Member. Additional independence and transparency had been provided this year by the Director of Healthwatch Kirklees, and through the presence of our new lay member. At this event board members are asked to account for performance in their own agencies. Feedback is then included in a number of activities for the board to take forward.

### **Lay membership**

As outlined earlier in this report, we have had active lay membership on the board for a number of years and this is fundamental to how the board works effectively. A lay member is a member of the public, who is also a resident in Kirklees, with an interest in safeguarding who participates in and scrutinises decisions made by the board. This year we have strengthened our lay membership to provide additional scrutiny and challenge.

### **The Delivery Group**

This year we have implemented arrangements for oversees the priorities outlined in the strategic plan, implementing lessons learned from Safeguarding Adults Reviews and driving the development of good practice. The Delivery Group coordinates these arrangements.

### **Working with our new Quality Assurance Framework – work in progress**

The refreshed framework, approved this year, is designed to enable the board to check that Safeguarding arrangements are effective and are delivering the outcomes that people want. The framework is the mechanism by which the board will gain assurance of the effectiveness of the Safeguarding work of statutory and other partner agencies, and that the board is meeting its key priorities.

The Quality Assurance Framework consists of a rolling programme of activity, assessments and reports into the quality and effectiveness of systems, and arrangements. It enables the board to triangulate a variety of information, both about quantity and quality, from different sources to objectively evaluate the effectiveness of arrangements, rather than relying on a single means of assessment.

The Framework consists of 4 key areas which are all interlinked.

The aim is to assist the Board answer three key questions:

- How safe are those adults at risk of abuse or neglect in Kirklees?
- Are local agencies working effectively internally and together to safeguard people?
- Are adults safeguarded in a way that supports them to make choices and have control about how they want to live?

The Board will use information from the following to determine this:

- Information from Integrated Performance Dashboard – currently under development.
- Information that Safeguarding arrangements deliver the outcomes that people want – assisted by our engagement strategy. Learning from Safeguarding Adults Reviews and our audit schedule – also refreshed this year.
- Evidence of Effectiveness of Partners of the Board – by continuing to hold regular Annual Challenge events.
- Performance of the KSAB – for example by peer review arrangements.

## **Audit Schedule**

The board has had an audit schedule for a number of years. In previous years this schedule and associated actions was currently owned jointly by the Quality and Performance Sub-Group (Q&P) and Adult Social Care. This was as a result of a recommendation from a previous inspection regime, and had many strengths.

However, now the board is independent, it needed to demonstrate more clearly that it undertakes independent audit activity on a multi-agency basis and the schedule and approach has been revised.

During the year a range of audit activity will now take place which will give assurances that the board is meeting its statutory obligation. Multi-agency independent audit activity will be undertaken by the board regardless of what audit activity each agency may be already undertaking themselves.

The integrated performance dashboard will be analysed and scrutinised by the Quality and Performance Sub-Group (Q&P) of the KSAB.

From this analysis if any themes are identified for an audit, the Quality and Performance Sub-Group (Q&P) will seek to commission audit activity.

The Quality and Performance Sub-Group (Q&P) will lead on ensuring audit activity takes place around themes including:

- Proportionate and appropriate intervention.
- Appropriate involvement of agencies.
- Appropriate use of procedures.
- Use of Mental Capacity assessments.
- Use of advocacy and provision of appropriate support.
- The Adult at risk was the focus of the intervention following principles of the Making Safeguarding Personal.

Audits to be carried out may include:

- Case file audits
- Questionnaires to adult at risk

The Delivery Group is the key lever in ensuring the Quality Assurance Framework is implemented, and to support board members deliver this work in a spirit of openness, transparency, and challenge.

Sometimes the board will decide to Commission totally independent pieces of work, particularly to see how effective any changes have been following Safeguarding Adults Reviews. This year we asked the Social Care Institute of Excellence (SCIE) to undertake a workshop with front line practitioners and managers, to see how the learning from the Oxford Grange Care Home closure can be taken forward. The board is currently looking at its recommendations.



## Agency Achievements

### Calderdale & Huddersfield NHS Foundation Trust

The Safeguarding Children Policy and the Domestic Abuse Policy has been reviewed and updated

Developed and implemented a robust safeguarding dashboard that is presented at our internal Safeguarding Committee meeting

Sharing key Safeguarding messages with staff is through the Safeguarding Newsletter twice yearly and the monthly virtual notice Board

A Trust Wide Audit relating to DoLS has identified improved picture from 2015-2016 audits

Our Matrons have attended Multi-agency MCA DoLS training

FGM eLearning is now an essential skill for targeted groups of staff

Appraisal documentation has been amended so staff can include the number of hours safeguarding training undertaken

Reviewed all trust staff who require Safeguarding Adults training at levels 1, 2 and 3 in line with the draft intercollegiate document for Safeguarding Adults

Reviewed and restructured the Safeguarding Committee meeting which now reports directly to the Quality Committee, which reports directly to the Trust Board of Directors

### North Kirklees and Greater Huddersfield Clinical Commissioning Groups

We have developed a suite of Safeguarding Policies for CCG staff including:

- A combined adults and children's policy (which includes Making Safeguarding Personal)
- MCA/ DoLS policy
- Domestic abuse policy
- Prevent policy

We have developed two Safeguarding Standards self-assessment documents for CCG Commissioned health providers (includes MSP) – for GP's and for main health providers. Both standards documents were implemented and completed by providers and actions plans are in place to address areas of development

We were audited by NHS England on our Safeguarding arrangements – the results were that almost all requirements were green, with amber areas addressed within days

We've employed a named GP Safeguarding Adults to work with CCG Safeguarding Team supporting GPs

CCG staff have undertaken the required level of Prevent WRAP training and basic awareness dependant on their role

We've delivered Combined Safeguarding Adults and Safeguarding Children Training to GP practices in two planned training sessions for General Practice staff in North Kirklees and another for Greater Huddersfield. Over 130 attendees at each of the training events

We've delivered Domestic Abuse masterclasses for GPs in both areas along with Prevent Wrap for each

We Chair and participate in the Delivery Group, and have continued engagement with all the main subgroups of Board

### South West Yorkshire Partnership NHS Foundation Trust

SWYPFT have further embedded the MARAC forum across SWYPFT

A Safeguarding Adults forum has been developed across the organisation to support practitioners, promote good practice and share learning

Prevent remains a key priority within the organisation

The Adult and Children Safeguarding Team have amalgamated in order to strengthen the 'Think Family' approach

The Trust has been invited to speak internationally at the Forensic Mental Health Conference in Croatia, in relation to the Prevent agenda and lessons learned from a Serious Case Review

The CQC have identified that a good safeguarding culture was evident from Board to ward and that robust systems and processes for safeguarding were in place

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## Locals Community Partnerships

We've developed a 3 year Integrated Safeguarding Children and Adult's strategy and implementation plan to progress the Joint Safeguarding Agendas across all Locals services.

The implementation plan incorporates key priorities of both Safeguarding Boards in Kirklees

All safeguarding policies, including MCA and Dols, Domestic Abuse and Safeguarding Adults were fully reviewed and updated, and a new policy 'Managing safeguarding allegations against staff' was developed to support and inform frontline practice

31 face to face briefings on MCA and Dols to support the application of Mental Capacity Act into everyday business were delivered and attended by 495 colleagues

Work commenced on clinical recording keeping templates within electronic health records to support colleagues to apply and embed Making Safeguarding Personal and Best Interest Decisions in practice

An increased emphasis on risk assessment in health assessments was introduced into frontline clinical practice

Flow charts and procedures on safeguarding adult issues e.g. what to do if you are worried about an adult at risk, DoLS, Forced marriage etc. were developed and are readily available to all colleagues on the staff intranet

There are Dignity champions in most services

## NHS England

NHS England North has developed a Safeguarding Assurance Tool for use with CCGs across the North Region. This was used to review all action plans and to identify key themes and trends across the North Region with a view to identifying common areas requiring support

NHS England North hosted safeguarding conferences in December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse and adult safeguarding for healthcare professionals and leads in the North region. The Safeguarding Adults pocket book has been updated and the NHS Safeguarding Guide App has been launched

'React to Red' a bespoke training package for pressure ulcer prevention designed for care home staff and care providers was launched on 1<sup>st</sup> February 2016 at the Pressure Ulcer Summit in Leeds

Learning Disabilities Mortality Review (LeDeR) Programme:

Over the last 2 years a focus on improving the lives of people with a Learning Disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme has been established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD)

LeDeR involves:

- Reviewing the deaths of all people aged 4 to 74 (inclusive)
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities
- Identify variation in practice
- Identify best practice
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive. The LeDeR Programme is not a formal investigation or a complaints process and will work alongside any statutory review processes that may be required. The LeDeR Programme recognises it is important to capture the extent of personalised services, including the use of reasonable adjustments, choice and control and the well-being of people with learning disabilities. Good practice examples will be written up and shared nationally

Prevent

Across NHS England North there are a number of priority areas which are designated and supported by the Home Office, to ensure that Health embeds the requirements of the Contest strategy and Prevent into normal safeguarding processes. In December 2016, a North Regional Prevent conference was held to raise awareness of Prevent, delegates found this event a good opportunity to increase their knowledge and confidence in the role of the health sector in Prevent. Feedback received, supported that there was an overall improvement in understanding the requirements of health organisations e.g.: CCGs under the new statutory duty

## Mid Yorkshire Hospitals NHS Trust

We have a fully staffed, integrated safeguarding team

We have started to embed principles of MSP but recognise we have more work to do

We offer bespoke training and support services to specific staff groups and ward and departments

We have undertaken an audit of MCA/ DOLS case files to establish baseline of current practice with resulting action plan

We are fully engaged with the safeguarding agenda across Kirklees

## Kirklees Council Housing Services

We continue to embed knowledge and understanding of Safeguarding, with over 200 front line staff from both the Kirklees Council Housing Services Solutions and Kirklees Neighbourhood Housing (KNH) attended bespoke training delivered by PDVG around Domestic Abuse

A new programme is being developed specifically for the 500 KNH Property Services (ex Building Services) operatives within KNH, which will cover all basic elements of Safeguarding

Over 40 Safeguarding "Champions" have been identified across both KNH Kirklees Council Housing Services to take forward the safeguarding agenda, each of whom has, or is developing specialist knowledge about a wide range of safeguarding issues and contribute to ongoing training and awareness raising for our sector

KNH and Kirklees Council Housing Services representatives sit on the Partnership Hoarding Panel, and also contribute to the Partnership Self Neglect arrangements as appropriate

## Kirklees Council Adult Social Care

Redesign of the Adult Safeguarding model with safeguarding specialists in a single point of access and specialists consultants to advise and support across the partnership

The new safeguarding model has improved quality of referrals through working with information officers, partners and members of the public. Safeguarding audits for the Safeguarding Board, largely demonstrate good practice in multi-agency safeguarding

Adult Social Care have launched Achieving Excellence in Social Care Practice (Quality Assurance Framework) for adults which includes safeguarding and MSP

We have led the development of a protocol on Self Neglect and Hoarding to support multi-agency practice in this complex area of work

Strengthened across Safeguarding Partnerships addressing cross cutting issues such as Prevent, Domestic Abuse, CSE, FGM, Forced Marriage and Human Trafficking

A Lead Professional for Social Work Practice is supporting professional practice in Adult Social Care

# West Yorkshire Fire & Rescue Service

West Yorkshire Fire & Rescue Service Chair the Kirklees Hoarding Panel

The safeguarding alert form has been changed to make it more user friendly

A small group has been set up and is now in place for internal safeguarding audits

Our safeguarding policy is undergoing internal review

A 'Safe and Well' public consultation took place to gather opinions of how our resources should be used and how we can better meet the needs of our communities.

# West Yorkshire Police

Kirklees Police District has an established Safeguarding Unit that consists of the following specialisms:

Adult Safeguarding	Child Safeguarding
CSE Hub	Domestic Abuse Hub
Public Protection Unit	Integrated Offender Management

There is a dedicated Superintendent and Detective Chief Inspector overseeing the work of the Safeguarding Unit along with a Detective Inspector, a number of Detective Sergeants and Detective Constables, Police Constables and Police Staff.

All Police Constables have been put forward to qualify for detective status which will not only enhance our capability for investigations but to equip staff with the skill set they need for complex matters.

All safeguarding matters within the District are referred to the Police Adult Safeguarding Unit for further assessment and dissemination

We work towards the protecting and safeguarding the vulnerable as a key priority as well as supporting victims and witnesses by tackling crime and making sure offenders are dealt with appropriately

As the Police Safeguarding team are all based together at Dewsbury Police Station, we have developed clear links with the other specialisms within the police especially around domestic abuse, CSE and missing people

All front line officers have been trained domestic abuse and vulnerability and this is a rolling training programme

Every call that is transferred to Kirklees District undergoes a THRIVE assessment. This means we assess for Threat, Harm, Risk, Investigation (opportunities), Vulnerability and Engagement whilst utilising the National Decision Model (NDM).

All our call takers and dispatchers within the district have been given group training on this matter as have front line officers. This allows for calls that have a vulnerability marker being prioritised

As part of our work with Domestic abuse we have achieved the white ribbon status, which is a charitable organisation and is a movement of males working towards ending male violence against females

We have also attained wellbeing charter status which shows that we are committed at looking after our people and are working towards the carers charter again to highlight individuals who have caring responsibilities

The work of our Adult Safeguarding Teams are varied:

We concentrate on any domestic abuse and any other crime where the vulnerability around the victim is an issue. This could be from rapes to 'mate crime' to fraud. If further specialism in investigations are required then we will link in with our reactive CID teams also.

The unit also addresses issues of FGM, Human Trafficking and forced marriage. The units misper coordinators have worked hard to embed the Herbert Protocol and this continues apace

When it comes to domestic abuse, we have been early adopters of DVPN and DVPO (Domestic Violence Protection Notices or Orders) but recognise that these are only one way to deal with offenders and therefore utilise non molestation orders more as they offer greater protection for the vulnerable

We are represented at DHRs and SARs and are ably assisted by our Force's Protective Services Crime Department who, in the main, will investigate homicides and Stranger 1 rapes

We also attend all MARAC meetings and have set up the DRAMM. The DRAMM is a daily meeting taking place Monday to Friday due to partner commitments, albeit it should be spread out to 7 day cover. The DRAMM assess all medium and high risk DV incidents and is in effect a strategy meeting to address the action that should be taken

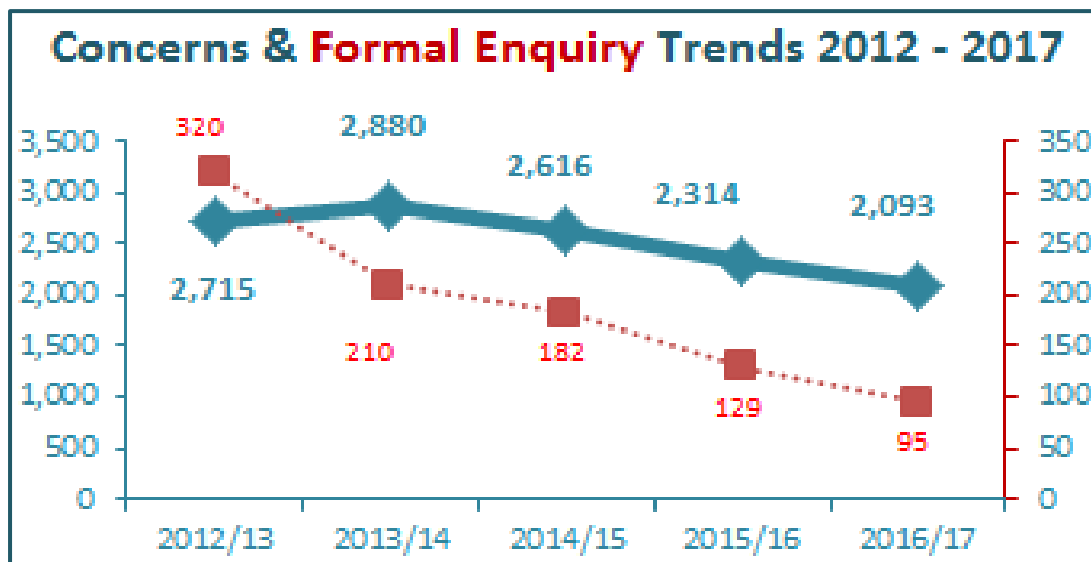
We have just set up regular performance review meetings which will complement the already established Tactical Assessment meetings we have been running for a while. These performance review meetings will review referrals to adult social services, DASH Assessments and Mispers to name but a few

The Police Safeguarding Unit is in a healthy place at the present time to protect the vulnerable and provides cover 7 days a week which going forward some of our partners may wish to replicate

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## Appendix 1 – Safeguarding and Deprivation of Liberty information

### Safeguarding concerns 2016 / 2017



A concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council. As per 2015/16, we have seen a slight reduction in safeguarding concerns during 2016/17 compared with previous years. While continuing to make sure people are safe, we are beginning to move away from encouraging our wider partners ‘to refer if in doubt’ to thinking more about the reason why they may wish to raise a concern with the local authority, and to consider consent of the adult at risk and the best way of achieving their desired outcomes. The local authority worked intensively on reshaping the Safeguarding Front Door through our systems thinking approach. This led to the following benefits:

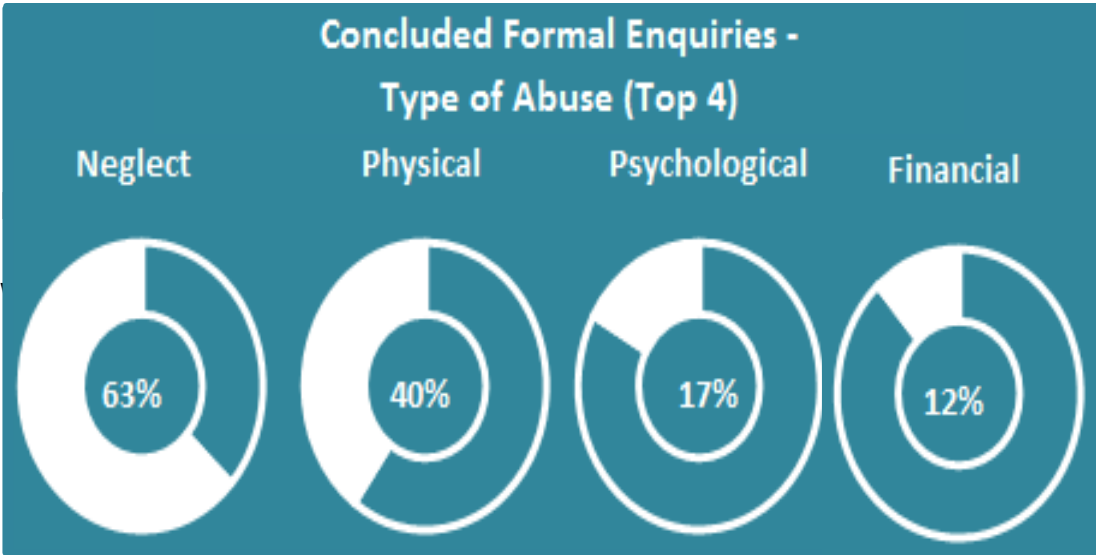
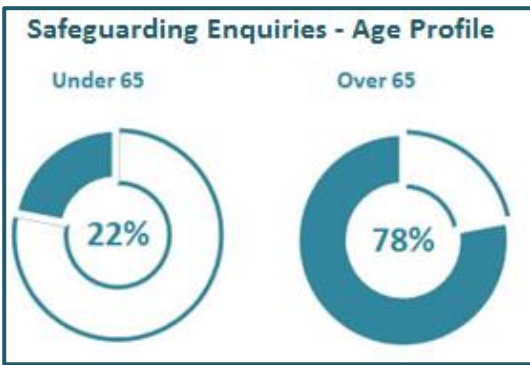
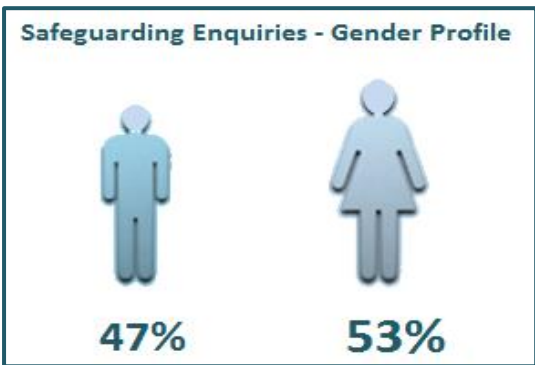
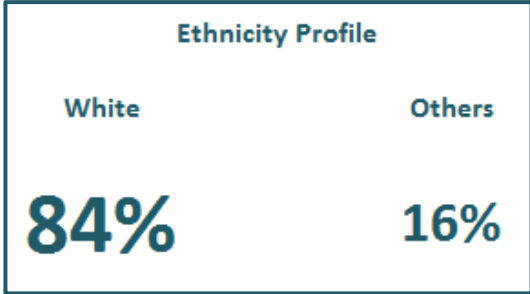
- Less waste in the work that comes through so the system is “clean”. Placing safeguarding expertise at the front door has meant that relevant safeguarding concerns are better identified. A significant volume of safeguarding concerns, once screened, are not deemed to be safeguarding and sign posted to the most appropriate information point.
- Proportionate response to concerns which are less serious (Managed Concerns) and where the safeguarding concerns have already been addressed e.g. by a provider service.
- Consistency of recording of these concerns across the system, strengthened interface with Gateway to Care and the Safeguarding Single Point of Access has supported this work.

We have also seen a decline in concerns which required a formal enquiry (previously known as investigated referral) and which concluded with a case conference. This continues a trend seen in previous years. Reasons for this include the changes brought about by the Care Act 2014 and Making Safeguarding Personal, which require Councils to ask the person at risk about how they wish the situation they are in resolved. Their concern may not conclude without the need to have a formal enquiry which leads to a case conference and may be resolved earlier and in a proportionate way. Although there is a general regressive trend in Safeguarding Concerns as presented in the extract above, some caution must be exercised in comparing data over time, due to changes in the definition and requirements of national returns.

A formal enquiry (this used to be known as an investigated referral) is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. The information below is where a formal safeguarding process has been used to deal with the concern.

**Location of where risk was identified**

Care Home	72%
Own Home	20%
Other	5%
Hospital	3%
Community Services	0%



## **Risk Outcome for the 95 concluded Formal Enquiries**

### **Risk Removed 39%**

This refers to cases where, after action has been taken to support management of risk, the circumstances which made the person vulnerable have been fully addressed and the individual is no longer subject to that specific risk

### **Risk Reduced 56%**

This refers to cases where, after action has been taken to support management of risk, the level of risk has reduced or the circumstances which made the individual vulnerable have been mitigated. Again, there may be valid reasons why a risk is reduced rather than removed

### **Risk Remains 2%**

This refers to cases where, after action has been taken to support management of risk, the circumstances causing the risk are unchanged and the same degree of risk remains. There may be valid reasons why a risk remains, one of these being individual choice

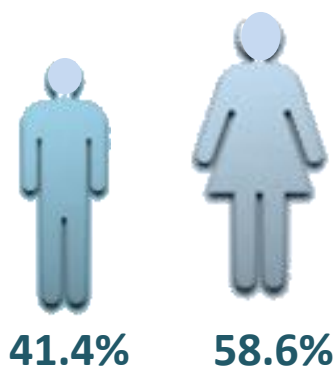
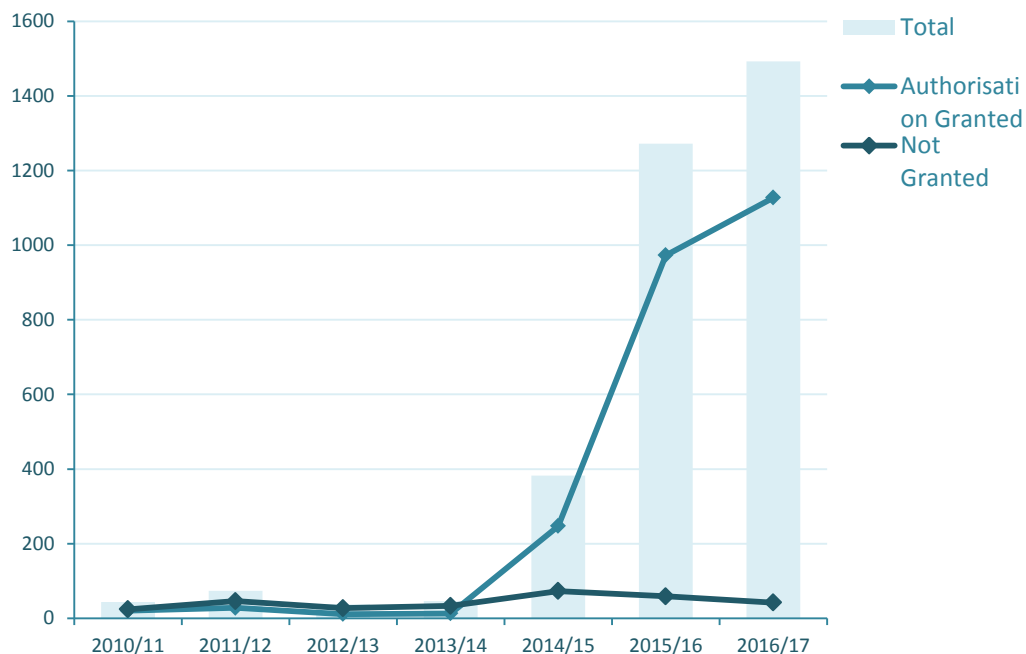
### **No Further Action Taken under Safeguarding 3%**

This will usually refer to those cases where the formal conclusion recorded was unfounded, there insufficient evidence or the enquiry ceased at individuals request.

## Deprivation of Liberty 2016/2017:

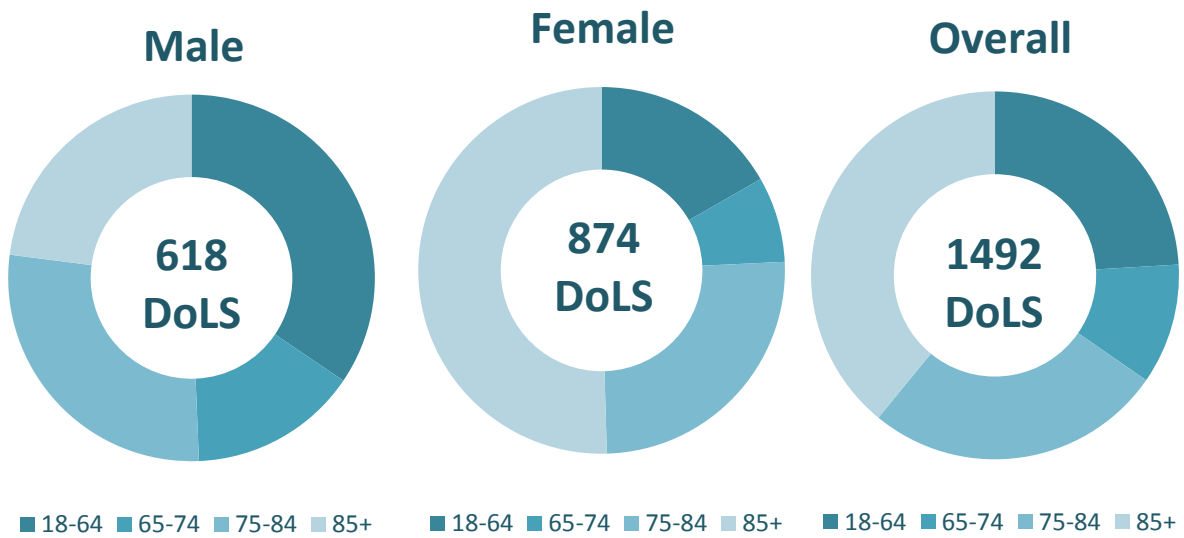
Year	Authorisation Granted	Not Granted	Total of 'Other'	Total
2010/11	20	24	-	44
2011/12	28	46	-	74
2012/13	11	27	-	38
2013/14	13	33	-	46
2014/15	247	73	320	382
2015/16	973	59	240	1272
<b>2016/17</b>	<b>1127</b>	<b>42</b>	<b>323</b>	<b>1492</b>

**NB:** 'Other' refers to requests that were either withdrawn due to change of circumstance or where request that were awaiting sign off at the end of the reporting period. (This information has only been recorded since 2014). The total number of request received was 1928. The figure on the table is for allocated applications.



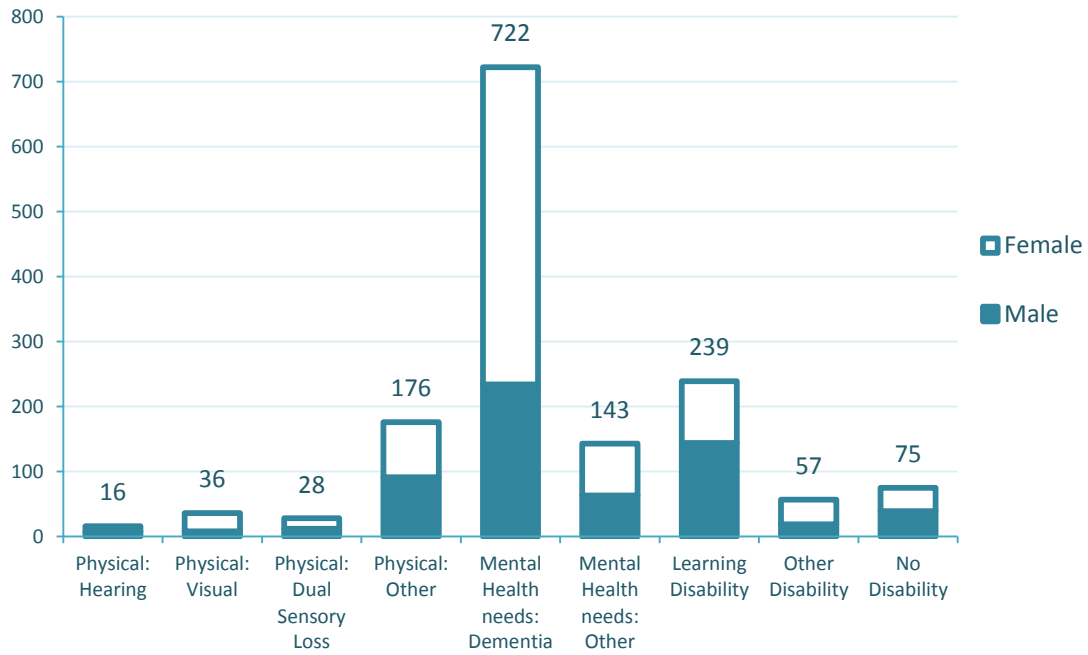
Requests for Deprivation of Liberty authorisations received by the Local Authority have increased over the year. All Local authorities have significant challenges in meeting demand caused by changes in legislation.





	Male	Female	All
18-64	213	146	359
65-74	92	66	158
75-84	171	221	392
85+	142	441	583
	<b>618</b>	<b>874</b>	<b>1492</b>
	<b>41.4%</b>	<b>58.6%</b>	

The figures reflect national trends – In the main most requests come from care homes and in line with national trends, there are more females who have a Deprivation of Liberty authorised, as well as those people who are older than 85. Generally there tend to be more females than males living in care homes.



	Male	Female	All
Physical: Hearing	8	8	16
Physical: Visual	8	28	36
Physical: Dual Sensory Loss	12	16	28
Physical: Other	91	85	176
Mental Health needs: Dementia	234	488	722
Mental Health needs: Other	63	80	143
Learning Disability	144	95	239
Other Disability	19	38	57
No Disability	39	36	75
	<b>618</b>	<b>874</b>	<b>1492</b>

These figures follow the same patterns nationally.

## Appendix 2 – Work programme for 2017 20

<b>Priority 1</b>	<b>Outcome (what will be different?)</b>	<b>Measures (how will we know?)</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>
Strategic leadership and effective collaborative working across Kirklees in safeguarding adults	Statutory Safeguarding Adults Board is consolidated	This will be reflected in Board membership arrangements, participation and attendance records	<ul style="list-style-type: none"> <li>Continue to develop the role of the deputy chair</li> <li>Further strengthen the contribution from lay members</li> <li>Ensure board meetings enable sufficient challenge and our recording/minutes demonstrate this</li> </ul>	Board Chair	Throughout the period of this 3-year plan
			<ul style="list-style-type: none"> <li>Develop infrastructure to support the work of the Board with partner's engagement and leadership at all levels.</li> <li>Continue to engage with Police and Crime Commissioner</li> </ul>	Board Chair	Achieved  Throughout the period of this 3-year plan
	The Board and its members are accountable, visible and	The Board will have an engagement strategy fully operational by	<ul style="list-style-type: none"> <li>Implement our engagement strategy ensuring we take into account of the views of adults who have needs for care and support, their families, advocates and carer representatives.</li> <li>The Boards work effectively reflects the needs of the ethnically diverse community of Kirklees</li> </ul>	Board Members	Throughout the period of this 3-year plan

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	<i>outward facing</i>	<i>2017</i>			
			<ul style="list-style-type: none"> <li>• <i>Continue to engage with third sector</i></li> <li>• <i>Proactively report on the work of the Safeguarding Adults Board, highlighting areas of good practice (including use of social media).</i></li> </ul>	<i>Board Chair</i>	<i>Throughout the period of this 3-year plan</i>
			<ul style="list-style-type: none"> <li>• <i>Revise our communications strategy</i></li> </ul>	<i>Communication work stream</i>	<i>September 2017</i>
			<ul style="list-style-type: none"> <li>• <i>The Board promotes a learning culture by undertaking Safeguarding Adults Reviews, and sharing the learning from them</i></li> </ul>	<i>Safeguarding Adults Review sub group</i>	<i>Throughout the period of this 3-year plan</i>
	<i>The Board maintains a longer term strategic view</i>	<i>We will refresh our 3-year strategic plan</i>	<ul style="list-style-type: none"> <li>• <i>Refine strategic priorities</i></li> <li>• <i>Develop and publish a strategic plan</i></li> </ul>	<i>All Board Members</i>	<i>June 2017</i>

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## Appendix 3

### KIRKLEES SAFEGUARDING ADULTS BOARD Board members June 2017

Name	Job title	Service/Organisation
Mike Houghton-Evans	<b>INDEPENDENT CHAIR</b>	
Kim Brear	Assistant Director	Kirklees Council Housing Services
Victoria Thersby	Head of Safeguarding	Calderdale and Huddersfield NHS Foundation Trust
Penny Woodhead	Head of Quality vice chair	Greater Huddersfield Clinical Commissioning Group
Clive Barrett	Head of Safeguarding	The Mid Yorkshire Hospitals NHS Trust
Julie Warren Sykes	Assistant Director of Nursing and Quality	South West Yorkshire Partnership NHS Foundation Trust
Lee Thompson	Head of Safeguarding and Quality Assurance	Kirklees Council
Hazel Wigmore		Lay Member – sadly during the final production of this report, Hazel passed away. Her contribution to the work of the Board was immense, and she is sadly missed.
Penny Renwick		Lay Member
Superintendent Khan		West Yorkshire Police
Richard Parry	Director for Commissioning, Public Health and Adult Social Care	Kirklees Council
Mohammed Ali	District Prevention Manager	West Yorkshire Fire Service
Claire Jones	Interim Quality and Safety Lead	Locala
Kerry Warhurst (Yorkshire & Humber)	Senior Nurse – NHS England – North	NHS England (West Yorkshire)
Sarah Carlile	Safeguarding Adults Partnership Team Manager	Kirklees Council
Razia Riaz	Senior Legal Officer	Kirklees Legal Services
Nikki Gibson	Head of Safeguarding	Yorkshire Ambulance Service NHS Trust.

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## **Kirklees Council**

Gateway to care

First point of contact for making an alert:

Tel: 01484 414933

For policy advice and information contact:

Kirklees Safeguarding Adults Partnership Team

4th Floor, Civic Centre 1, High Street, Huddersfield, HD1 4NF

Tel: 01484 221717

Email: [protection@kirklees.gov.uk](mailto:protection@kirklees.gov.uk)

[www.kirklees.gov.uk/safeguarding](http://www.kirklees.gov.uk/safeguarding)

## **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 335075

Where possible please use the email address below which is checked daily:

[ea.safeguarding@westyorkshire.pnn.police.uk](mailto:ea.safeguarding@westyorkshire.pnn.police.uk)

