

**Kirklees Safeguarding Adults Board**

**MINUTES**

**7<sup>th</sup> May 2021**

**1:00pm – 3:00pm**

**Venue: Virtually via Microsoft teams**



## **Attendees**

Robert McCulloch-Graham (Independent Chair)

Penny Woodhead, Chief Quality and Nursing Officer (Greater Huddersfield CCG & representing North Kirklees CCG)

Jim Griffiths, Detective Superintendent, Kirklees District (West Yorkshire Police)

Andrea Dauris, Associate Director of Nursing (Corporate) (Calderdale & Huddersfield NHS Foundation Trust)

Richard Parry, Strategic Director for Adults and Health (Kirklees Council Commissioning, Public Health & Adult Social Care)

Tanya Simmons, District Prevention Manager (West Yorkshire Fire & Rescue Service)

Marie Gibb, Named Nurse Safeguarding Adults (The Mid Yorkshire NHS Acute Hospital Trust)

Helen Geldart, Head of Housing Services (Kirklees Council, Economy and Infrastructure)

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

Penny Renwick (Lay Member)

Amanda Evans, Service Director for Adult Social Care Operations (Kirklees Council, Adult Social Care Operations)

Emily Parry-Harries, Consultant in Public Health/ Head of Public Health (Kirklees Council, Public Health)

## **Deputies and others in attendance**

Paula Adams, Head of Safeguarding (Locala Community Partnerships CIC)

Alexia Gray, Head of Quality Standards and Safeguarding Partnerships (Kirklees Council)

Razia Riaz, Senior Legal Officer (Kirklees Council, Legal Services)

Alison Clarkson, Board Deputy Manager (Kirklees Safeguarding Adults Partnership Team)

Donna Harkin, Housing Strategy and Partnership Manager, Growth and Housing, Kirklees Council

## **Minutes**

Ronnie Lodge, Business Support Manager (Kirklees Safeguarding Adults Partnership Team)

## **Mailing List**

Nikki Gibson (Head of Safeguarding, Yorkshire Ambulance Service)

## Welcome and Introductions

Robert McCulloch-Graham (RMG) welcomed Board members to the meeting and introduced himself as the incoming Chair of KSAB following the retirement of Mike Houghton-Evans (MHE).

RMG gave a brief biographical resume and invited attendees to introduce themselves

### 1. Declarations of Interest and Confidentiality Declarations

None declared

### 2. Previous Minutes and Matters Arising

The minutes of the meeting held on 8<sup>th</sup> February were agreed as an accurate record.

### Actions from meeting 8<sup>th</sup> July 2020

#### Item 2

Jim Griffiths (JG) to provide brief about the Stalking Protection Orders (SPO) virtually to Board members

JG referred to the paper he submitted to the Board in advance of the meeting. The guide circulated is the easiest to understand and there is a role for the Board in using SPO's. They haven't been used widely in West Yorkshire so it will be useful to trial.  
Completed

#### Item 6

JG and MHE to present an update to Board following CSE Gold meetings  
The non-recent abuse protocol document was signed off at the last meeting. Not sure how it's been circulated – Jacqui Stansfield (JS) to check if this has been circulated.  
JG is happy to pick this up and provide an update.  
Penny Woodhead PW said the specific action was for the Safeguarding Adults Partnership Team (SAPT) and feels confident that this has been fulfilled.  
Completed

### Actions from meeting 8<sup>th</sup> February 2021

#### Item 4

JG to present piece to camera in support of SAR communications in next 3 weeks  
Not completed. Carried forward

#### Item 7

JG to set up a task and finish group looking at adults missing from health and care settings. JG will lead on this

PW said this item related to missing adults' protocols and we should investigate if there were any gaps for scoping in consultation with SAPT  
Not completed. Carried forward

### **Item 9**

SAPT to investigate and advise on Terms of Reference for the 3 concerns raised.  
Completed

## **3. Governance**

Razia Riaz (RR) gave an overview of the legal report. Highlights from the legal report were

### [Covid-19 Vaccination - Best Interest & Medical Treatment Re CR \(2021\)](#)

The CCG's application concerned CR, aged 31 with a diagnosed lifelong learning disability, autism and epilepsy and no history of expressing any wishes or feelings with regards to vaccination. CR lacked capacity to make decisions regarding vaccination himself. It was the unanimous view of those involved in CR's clinical care that CR was in a priority group for Covid-19 vaccination due to pre-existing conditions and his weight of 22 stone and all agreed it was in CR's best interests to receive the vaccine. CR's father, mother and twin brother however opposed the vaccination.

### [LA Failure to authorise DOLS for 7 years - London Borough of Haringey v Irene Emile \(2020\)](#)

This case considered the appropriate level of damages for wrongful detention where LA had failed to authorise a deprivation of liberty in a care home for 7 years and 10 months. An award of damages of £143,000 was upheld on appeal.

### [Should treatment continue solely to allow family the time to be with the patient before they die? Sandwell and West Birmingham Hospitals NHS Trust v TW & Anor \(2021\)](#)

An application was brought by the Trust concerning TW, who suffered a catastrophic brain injury, arising from a stroke. The Court was being asked to declare whether it would be in TW's best interests to continue to receive life-sustaining treatment, ventilation, and blood pressure medication or whether it would be lawful to withdraw it. The view of those caring for him in the intensive care unit was that the interventions that they were carrying out – suctioning his airways and providing every aspect of his personal care – were sustaining the life of his body but were doing no more than that.

A discussion took place on aspects of the cases outlined

RR said that in the first case it was the local Clinical Commissioning Group (CCG) who had brought the action. CR clearly lacked capacity and it was agreed that it was in CR's best interests to receive the vaccination on the grounds stated. The Judge was clear that this was about best interest. The Judge said CR wasn't invulnerable to

Covid-19 recognising the high national death rates and taking into account that CR was overweight. The Judge took into account the families views but that these had no basis in science. It will be for Trusts and Local Authority's to bring in cases

RMG asked who had guardianship for CR

RR – Unsure

PW noted absolute dismay that there is still connectivity and currency surrounding Andrew Wakefield's discredited MMR vaccine advice citing personal experience. It is dangerous that these views still hold sway

Emily Parry-Harries – Andrew Wakefield's views are entirely discredited, and this should be noted

RR said that the second case represented a failure to recognise deprivation of liberty for eight years. The case revolves around seeking damages for wrongful detention. The award for damages was upheld on appeal as the local authority failed to recognise the claimant's deprivation of liberty. The local authority claimed for failure to pay for local authority fees and the claimant counter claimed with the local authority arguing that there should be only nominal fees paid. The Judge disagreed and the damages were awarded as stated in the report. The circuit Judge also agreed stating that the award for damages were not disproportionate.

RMG – "Substantial" and "qualitative" harm are words that are quite damning in the Judges summing up.

RR said the third case was brought by the local trust. The court was asked to decide whether life sustaining treatment would be appropriate in this case. The consultant neurologist stated that there was no evidence there would be a good chance of survival. The brother was clinging on to the prospect of survival and siblings required time to travel from Canada before life support was turned off. The Judge concluded that waiting for the family to arrive would compromise the person's dignity and declared in favour of the trust.

PW – Are we picking up anything in legal networks with regard to safeguarding. Is there anything that we need to consider in terms of implementation?

RR – No there is nothing at the moment. We are awaiting guidelines with regard to potential timelines and these will be passed to the Board as and when they come through.

#### **4. Safeguarding Adults Reviews (SARs)**

Update

JG was invited to update the Board. There is still work ongoing around people being aware of when a Safeguarding Adults Review (SAR) is needed. JG's promotional

plan to deliver a piece to camera will assist in this and JG recognises the work Alison Clarkson (AC) has done to develop this. There are some referrals that are being fed through, but the police would prefer more than less.

There is still ongoing work to do in terms of historical SAR's. One currently under the radar is a missing person's case from a few years ago. JG will use this to try and understand how agencies are progressing with historical SAR's. This will also help in terms of learning's from SAR's that help agencies become more focused in their thinking.

There are 3 ongoing SAR's at the moment. One is historical and involves self-neglect. One is in process where we are gaining information from agencies and seeking an independent author. This represents a case involving the transition from adult to child. The third is a live SAR involving an independent author - Michael Preston-Shoot (MPS). The "Adult N" SAR report has now been written by MPS and includes many other agencies spread over geographical areas other than Kirklees. The final report has been sent to agencies for comment with a deadline for responses of May 17<sup>th</sup> 2021. MPS will then submit the final version. JG will speak with RMG and PW for views in advance of publication.

PW – In terms of the timeline for Adult N do we need to think about holding an extra-ordinary meeting in advance of the 23<sup>rd</sup> July next Board meeting to consider the report?

Julie Warren-Sykes (JWS) noted that in other areas of the country self-neglect SAR's appear to be a common theme. Is this something we should consider and investigate further?

PW – Agreed saying now could be an appropriate time to undertake a thematic review. Can we gain intelligence for other regional Safeguarding Adults Boards (SAB's)?

JG – Informed the Board that MPS is authoring SAR reports in other areas of the country and it is a good idea to pull regional information together.

AC noted the communication revolving around other areas involved with Adult N, including Calderdale and Barnsley. This followed MPS's advice that we need to do more regionally in terms of the transitory nature of the person involved in this case. It is understood that there is a piece of work to be considered in these terms and approaches are being made with local SAB's.

**Action: RMG to follow up with PW and JG in terms of deciding whether to schedule an extra-ordinary Board meeting in advance of the publication of the Adult N SAR report**

## 5. Performance

### Dashboard

Paula Adams (PA) was invited to update the Board

The Quality & Performance Subgroup meeting was taken up by a detailed consideration of the quarterly dashboard. Concerns and outcomes are broadly similar year on year. There were questions raised in terms of incomplete outcomes being unhelpful. The Group is now looking at the cumulative picture to establish what can be made better in this area.

There is also more triangulation ongoing in terms of low level self-neglect intelligence.

Capacity assessments paint a more positive picture.

A task and finish group has been convened in terms of progressing the audit programme.

RMG noted that the comments on triangulation were interesting.

PW suggested we might be at a point where the risk register developed for, and in response to, the Covid-19 pandemic could be closed down with the exception of a couple of residual areas. One is how we work around Care Home Early Support and Prevention (CHESP) processes in terms of domiciliary care.

## **6. Challenge Event**

Feedback

AC updated the Board on the annual challenge event outlining the main points of the subsequent report. The challenge event panel felt it was a successful event conducted in the same format as previous years. This year the event had specific questions for agencies around the issue of self-neglect.

The overall aim was to develop a lessons learned outcome with a view to improving services. There were four key themes with key action points for each that organically appeared to be consistent across agencies:

The new normal – agencies reported greater flexibility and creating new services, for example befriending schemes, during the Covid-19 pandemic. Some services remained hands on where required. Outgoing KSAB independent Chair Mike Houghton-Evans (MHE) warned against the over reliance on digital technology solutions, concerned that this might result in a check list approach that would not be useful going forward.

Key action points

1. When considering a digital triage approach to blended working, in order for it to work well, agencies should avoid a 'checklist model' when agreeing triggers to action the remote versus a face-to-face contact and subsequent decisions on service provision
2. Keeping the adult at risk/service user/patient front and centre when shaping future ways of working

3. How can the Board be assured of safe working and support agencies as they aim to respond safely to potential increase in demand for services?

Joint Partner Intelligence Sharing – There was strong support for multi-agency practitioner forums. Good practice was cited across organisations. In particular it was felt that safeguarding was not just an add on at individual agency organisations but had to be “bought into” across the whole organisation.

#### Key action points

1. The Board should continue to encourage, support and develop collaborative learning – applying the principle that ‘those who work together learn together’ – regular partner-led multi-agency practitioner forums
2. Collaborative working through audio/visual sound bites
3. How do we more effectively support workers to have time to engage in meaningful and difficult conversations?
4. Shifting the culture from Safeguarding being regarded as an “add on” to part of everyday activity – dialogue shift to ‘Making People Safe’ using less ‘exclusive/specialist’ terminology may assist in changing this culture
5. Encouraging a culture where the avoidance and transfer of difficult issues is discouraged across the organisation
6. Strengthening the Safeguarding Golden Thread in all our partner operations.

Self-Neglect – This has represented a significant piece of work for the Board over the past year. The Risk Escalation Conferences (REC’s) were very well received but there was recognition from partners that it was very difficult to gauge how individual partner staff were carrying out responsibilities under the banner of the REC’s.

#### Key action points

1. Continue to raise awareness of the Kirklees Multi-agency Self-neglect Policy and pathway
2. Share learning and examples (stories) via the Learning and Development subgroup
3. If there is limited resource to reach out and learn from other services, can the Board facilitate this learning and understanding where we know good practice is happening?

Workforce – There was widespread recognition of how partners had worked creatively throughout the Covid-19 pandemic. There were good examples of the use of digital technology during Lockdown but also concerns in terms of the well-being of staff as restrictions ease. The potential loss of organisational memory as staff leave is also an area of concern highlighted, with the suspicion that there may be a significant loss of knowledge resulting in potential gaps in delivery.

#### Key action points

1. Embrace the opportunity for writing safeguarding element into a job description as standard when recruiting
2. Board partners to develop a holistic culture of learning across all departments to prevent loss of organisational memory in the face of staff turnover, particularly on the front line

RMG said he thought the process was fantastic, rich and vibrant. Stories were very important, and the challenge event sessions came alive when agencies shared them.

Penny Renwick (PR) congratulated AC on delivering an excellent report and summary of the challenge event.

RMG said it would be helpful if agencies could add stories to future Board sessions. These could be added on to future agendas, triggering safeguarding information and thereby maximising credibility. Often it is the stories that people remember when, for example, they attend training courses, and this helps with the golden thread.

**Action: Board members to come back with ideas for service delivery stories that could be shared as part of future Board agenda items**

## **7. Planning for the annual Development session/ Refresh of strategic plan**

PW introduced this item linking into the previous item saying that the recommendations highlighted were very interesting. There are some areas which require additional thought. The digital approach is one of the most interesting, in particular, the move from face to face practitioner consultations to telephone. There are questions to be posed such as how this affects vulnerable people. The challenge will be to take key learnings from the challenge event and think about how each agency can develop.

The annual Board Development Day usually takes place about now but for various reasons we are slightly behind schedule. The Development Day normally informs the refreshment of the Boards 3 year strategic plan. We need to organise the Development Day as a priority. Board partners should develop their plans and participate at the Development Day. It might be that one or two partners join a task and finish group to develop plans for the day. The Development Day should be led by partners and not SAPT or the Board.

RMG – It makes sense for partners to decide on the approach and context of the Development Day and we will look for volunteers to form the task and finish group

PW -If you want to get involved please inform SAPT and we will have a conversation in a couple of weeks to move forward.

**Action: Board members to respond to invitation from SAPT to attend Development Day and volunteer for the task and finish group to organise it**

## **8. National and Regional Updates**

RMG reported intelligence on various national and regional updates

RMG has received a draft report from national SAB Chairs concerning inequalities and disparities in terms of adults with additional needs.

Other updates included liberty protection safeguards taking into account safeguarding through Children's Partnerships as well as integrated footprints surrounding all services within the care sector.

There is a major review of the adult social care system in Scotland which will have lessons for us all.

PW – Can we share this information more broadly with the partnership? Should we reflect the information directly in the strategy? We should also have oversight of the changes in integrated care services (ICS) which is a conversation that should be at the forefront of the Boards thinking. We need to place some formality around integrated care partnerships at place level as well as at regional (West Yorkshire) level. The Board should have sight of this as it links into adult social care (ASC)

Richard Parry (RP) said that one of the considerations of the Governments NHS White Paper is what can be delivered better regionally or at place level. These are the kinds of areas we should reflect in terms of the Board, for example in terms of self-neglect, which represents shared learning across a regional level.

Similarly, another example area of the Boards work is to do with Prevent. We have local conversations in areas of under representation, and these conversations involving faith leaders and teachers, amongst others, are very important in terms of integrated care partnerships. This might provide opportunities for Kirklees and beyond.

RMG - The recommendations coming from the White Paper represent a huge potential change and it will be where things lie and fall which will determine future discussion.

PW said we are doing our best at the Clinical Commissioning Group (CCG) to follow the recommendations and are working with 4 regional colleagues. There is a need to cut out complexities in care arenas. Safeguarding is clearly in view in terms of interface.

RP asked if we should perhaps have a standing agenda item in terms of the NHS White Paper?

**Action: RML to place NHS White Paper as standing agenda item**

## 9. AOB

### Learning Offer

AC reported that following a meeting of the Learning & Development Subgroup it had been agreed to change the name of the Learning and Development Plan to Learning and Development Offer. The learning element has been split from the strategy which is currently in development and will go to the July 2021 Board meeting. SAPT are therefore seeking sign off for the learning offer in advance of publishing on the KSAB website.

No objections were raised so the Learning Offer will be published to the website.

### Safeguarding Week

AC confirmed that Safeguarding Week 2021 will take place during week commencing 21<sup>st</sup> June 2021 and will represent a joint partnership with the Children's and Communities teams. Please could partners help in suggesting content for the week. Might it be possible for agencies to place promotional material in work-spaces or hospital wards?

PW said this might be the right time for JG to have completed the SAR piece to camera discussed in item 4 to help support Safeguarding Week.

RP asked whether there might be value in linking in Safeguarding Week with ICS's where they might be able to produce some standard materials for raising awareness reflecting their place based approach.

AC said that Lisa Hodgson (LH) is attending the next meeting of the Safeguarding Week planning group and has been doing work around the "Every Adult Matters" framework so this is something that could be added in.

Marie Gibb (MG) said that the Mid-Yorkshire Hospitals NHS Acute Hospitals Trust is undertaking work around safeguarding week involving campaigns and a conference which can be shared virtually so partners can join it. Mid-Yorkshire Hospitals NHS Acute Hospitals Trust are also putting together a flyer that can be shared with RML

RMG concluded the meeting by thanking the Board for their contributions and commenting on suggestions received from the Board as to the structure and methodology of future meetings. RMG encouraged this and asked that suggestions should be made directly to the Safeguarding Adults Partnership Team (SAPT)

**Action: AC to publish Learning Offer to the KSAB website**

**Action: MG to share Mid-Yorkshire Hospitals Trust promotional materials for safeguarding week with RML**

**Action: Board members to make suggestions for the framework of future meetings to SAPT via the KSAB mailbox [ksab@kirklees.gov.uk](mailto:ksab@kirklees.gov.uk)**

#### **10. Next Meeting Date**

Friday 23<sup>rd</sup> July 2021, 1:00pm – 3:00pm  
Virtual via MS Teams

#### **Actions from meeting 8<sup>th</sup> February 2020**

##### **Item 4**

JG to present piece to camera in support of SAR communications in next 3 weeks  
Not completed. Carried forward

##### **Item 7**

JG to set up a task and finish group looking at adults missing from health and care settings. JG will lead on this  
PW said this item related to missing adults' protocols and we should investigate if there were any gaps for scoping in consultation with SAPT  
Not completed. Carried forward.

#### **Actions from meeting 7<sup>th</sup> May 2021**

##### **Item 4**

RMG to follow up with PW and JG in terms of deciding whether to schedule an extraordinary Board meeting in advance of the publication of the Adult N SAR report.

##### **Item 6**

Board members to come back with ideas for service delivery stories that could be shared as part of future Board agenda items.

##### **Item 7**

Board members to respond to invitation from SAPT to attend Development Day and volunteer for the task and finish group to organise it.

##### **Item 8**

RML to place NHS White Paper as standing agenda item

##### **Item 9**

AC to publish Learning Offer to the KSAB website

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##### **Item 9**

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