

Kirklees Safeguarding Adults Board

MINUTES

6 May 2022

10:00am – 12:00 midday

Venue: Virtually via Microsoft teams

Attendees

Robert McCulloch-Graham, (Independent Chair)
Gwen Clyde-Evans, Designated Professional for Safeguarding Adults, Prevent Lead,
NHS Kirklees CCG and NHS Calderdale CCG
Stuart Bainbridge, Detective Superintendent, Crime & Safeguarding, West Yorkshire
Police
Louise Fletcher, Head of Safeguarding, (Designated Nurse for Safeguarding Children),
NHS Kirklees CCG and NHS Calderdale CCG
Deborah Longmore, Named Nurse Adult Safeguarding, The Mid-Yorkshire Hospitals
NHS Trust
Emma Cox, Named Nurse, Safeguarding, South West Yorkshire Partnership
Foundation Trust
Alison Edwards, Safeguarding and Children's Nurse, Calderdale and Huddersfield
NHS Foundation Trust
Donna Harkins, Housing Strategy & Partnership Manager Housing Services - Housing
Solutions, Kirklees Council
Paula Adams, Head of Safeguarding, Locala CIC
Penny Renwick, Lay Member
Richard Parry, Strategic Director for Adults and Health
Amanda Evans, Service Director for Adult Social Care Operations, Kirklees Council
Tanya Simmons, District Prevention Manager (West Yorkshire Fire & Rescue Service)
Clare Costello, Operations Manager, Healthwatch Kirklees and Healthwatch
Calderdale

Deputies and others in attendance

Razia Riaz, Senior Legal Officer (Kirklees Council, Legal Services)
Jacqui Stansfield, Service Manager (Kirklees Safeguarding Adults Board)
Alison Clarkson, Deputy Service Manager (Kirklees Safeguarding Adults Partnership
Team)
Darren Blake – Advanced Clinical Practitioner, Calderdale and Huddersfield
Foundation Trust
Alistair Christie – Advanced Clinical Practitioner, Calderdale and Huddersfield
Foundation Trust
Jenny Dyson – Lead Nurse for High Intensity Users, Calderdale and Huddersfield
Foundation Trust

Minutes

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

Mailing List

Nikki Gibson (Head of Safeguarding, Yorkshire Ambulance Service)

Welcome, Introductions and Apologies

Robert McCulloch-Graham (RMG) opened the meeting, welcomed members, and asked members to briefly introduce themselves and their organisational roles

Formal apologies were received from:

Penny Woodhead

Councillor Musarrat Khan

Emily Parry-Harries

1. Declarations of Interest and Confidentiality Declarations

None declared

2. Story – setting the scene

CHFT

2i) Trauma Informed Navigator Project Presentation

Darren Blake (DB) shared a presentation on screen explaining the Trauma Informed Navigator Project at Calderdale and Huddersfield Foundation Trust (CHFT). DB is an Advanced Clinical Practitioner at CHFT and along with Alistair Christie (AC) is leading on this project.

DB explained the creation of BLOSM essentially a system that gains oversight of all teams in the Accident and Emergency (A&E) Department at CHFT. Trauma Navigator represents a new scheme integrated into BLOSM. BLOSM is an acronym for

Bridging the Gap

Leading a Change in Culture

Overcoming Adversity

Supporting Vulnerable People

Motivating Independence and Confidence

Funding for the pilot scheme has been made by NHS Kirklees and NHS Calderdale Clinical Commissioning Group (CCG)

The scheme was rolled out this month and a pilot will take place in May with the Safeguarding Team attending.

Plans have been put in place to deliver the service in Accident and Emergency (A&E) Departments employing people from the CCG comprising three roles. One navigator will cover one Department. The time most people attend A&E is between 4:00 p.m. and midnight. One final vacancy will be filled at Calderdale community team working 11:00 p.m. to 8:00 a.m.

Leeds and Bradford health authority areas are already 2 months into their pilot schemes working across 11–25-year-olds. This represents a broad group of patients.

Victims of assaults documents will be completed. 30-40 forms will be completed each month. Trauma Navigators will take this over allowing for the violence reduction unit to tailor their service.

Roles will link in with Kirklees communities and the navigator pilots will have links with communities teams to create a mapping model. The key is transition to care in the community, following up to ensure patients are engaging with community services. These include pathways with voluntary services for example the rough sleepers initiative. Calderdale is different in that teams will be based within the community.

The hope is that there is follow up with patients seen in Emergency Departments every 2-4 weeks. If there is a refusal to engage with this patients will be referred to their G.P. who will attend High Intensity User Group (HIUG) meetings.

In terms of data collection, consent will be gained face to face reassuring patients that all data remains anonymous.

Embedding of the service is taking place on the A&E website which allows for access to guidelines. BLOSM will have a dedicated page in order for staff to access.

Summarising, in terms of safeguarding impact the navigator pilot scheme will play a key part in the journey of patients who come into A&E developing standardised models with individual pathways for specific patients, for example refugees. Any immediate concerns will be dealt with by A&E in the current way but there will be additional procedures for people who don't meet the current thresholds.

RMG thanked DB for delivering the presentation saying this development was very welcome and that youth workers will address concerns at pivotal crisis point.

Gwen Clyde-Evans (GCE) made the point that this will be an all-age service eventually. It is important that pathways are clear at this stage and to make sure that navigators are trained. There is a lot of focus on up to 18-year-olds with the need to do more work on viewing adult services. There will be a significant role in how staff are inducted and trained from services.

Kirklees have very good links at the moment but Calderdale do not. Funding came from NHS England. The focus is around early intervention with a view that other areas like the Mid Yorkshire Hospitals NHS Trust (MYHT) will obtain this similar model.

Stuart Bainbridge (SB) offered the view that this represented a very good initiative. Presenting at A&E is a pivotal part of many patients spike in the road. To have someone at this level to add guidance is really good. It will be useful to have sight of updates, what success looks like and what improvements will be seen as measurable. Organised Criminal Groups (OCG's) levels is very difficult to police and having these people at this level will be very important. Any help required from West Yorkshire Police will be forthcoming

Summarising RMG said that the scheme will rely on the involvement of many different services. One reflection taken was that in terms of gangs there will be a

need to stop reprisals. Youth workers RMG had previously worked with in a different geographical area became skilled at working with families to de-escalate situations reducing serious injury and death.

In terms of follow up we have learnings from Safeguarding Adults Reviews (SAR's)

GCE offered the view that there will be a need for people not to replace this with other things. We need to support people in clear pathways to bridge the gap between people getting treatment from the right services in a quick period of time. As such this is a work in progress

2ii) High Intensity User Group Presentation

Jenny Dyson shared a presentation on the High Intensity User Group (HIUG) on screen.

The HIUG is often thought of as dealing with people with multiple disadvantages. They are, however, not the majority. The group can also include people who are lonely and people with mental health issues. Coordination is the key.

Previously monthly meetings were held but there wasn't the correct governance. A Case was put forward for full time roles in the HIUG service. Safeguarding areas were being addressed but there is now secured funding for recruitment to assist further in Kirklees.

There has been assurance that the consent process is robust and fit for purpose. The aim is to work with people on a one-to-one basis so as not to miss opportunities to help.

The Huddersfield HIUG meeting was stood down for a while to make sure that there was equality of service and this was added to the risk register to get input from stakeholders.

Stakeholder networking is key to success.

JD gave three specific case examples

The HIUG dashboard updates and explains the impact the process is having. The dashboard updates daily and can establish trends and monitor costs on an individual attendance basis. The main impact is on reduction of hospital visits and this can be represented in financial and statistical terms. It is now possible to engage with service users to offer more practical support.

One of the key aspects is having a coordinated approach.

Alison Edwards – thanked the presenters and said that they had demonstrated the case for these services very well. These two initiatives demonstrate a shift in culture to bridge the gap between acute services and link into more long-term support across partner organisations.

Donna Harkins (DH) offered the view that much work has been undertaken in Kirklees in terms of rough sleepers and the processes demonstrated do work.

Paula Adams (PA) acknowledged the presentations as demonstrating very good joined up working across organisations. Many safeguarding issues relate to poor discharge and these initiatives represent a good step forward.

Summarising RMG pointed to the collection of good evidence in particular in terms of cost savings.

JD acknowledged this outlining evidence of services spending £20,000 on one service user. If costs such as this can be reduced involving other partners the cost benefit will be significant including across GP practices.

3. Previous Minutes and Matters Arising

Draft Minutes from Meeting 7th February 2022

Board members agreed the minutes of the KSAB meeting of 7th February 2022 were accurate

Actions from meeting 7th May 2021

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

JG said that now we have a policy this will be completed by the next Board meeting

JG informed members that the stated policy (above) has not in fact now come forward so further advice will be forthcoming when the policy is implemented.

SB will offer further updates as and when the policy is implemented. Carried forward

Actions from meeting 7th February 2022

Item 2

SAPT to devise a rota for partner story submissions across the multi-agency partnership to commence from the next KSAB meeting on 6th May 2022.

Completed and closed

Item 6

Following sign off of the Adult O SAR report SAPT will contact Kirklees Council Communications to complete a press statement and JG will direct the SAR

Subgroup to pull together an action plan for partner agencies to contribute to.
Completed and closed

Item 8

JS will send the CCG Organisational Safeguarding Checklist form – once located - to the Leeds SAB manager for comparison with the West Yorkshire Partnership form currently in development. There is an update on today's agenda. Completed and closed.

Item 10

PW will share a slide deck outlining the new West Yorkshire ICB operation with members after pulling together a new set of slides for clarity. This will be submitted as an agenda item at the next meeting of KSAB. Carried Forward

Item 11

SAPT to forward Adult N and Adult O SARs to Michael Preston-Shoot for inclusion in the National SAR Library. On today's agenda. Completed and Closed

AOB

All KSAB members to send suggestions, notes, and comments in support of the renewal of the KSAB Board Constitution to the KSAB mailbox: ksab@kirklees.gov.uk by the time of the next meeting of the Board. On today's agenda. Completed and closed

4. Governance

Legal Highlight Report

Kirklees Council Senior Legal Officer Razia Riaz (RR) delivered the legal highlight report to members

[MCA Code of Practice and implementation of the LPS](#)

On 17 March 2022, the DHSC published draft Code for consultation which runs until 7 July 2022. There is a detailed consultation document, together with two summary booklets, one focusing on the wider MCA guidance, and one on the LPS guidance. There is also a consultation on six sets of draft regulations which will underpin the new system. The Code is a statutory Code, i.e. laid before and approved by Parliament. Whilst it cannot create the law, the Code provides important amplification about how the MCA applies in practice. It is a combined Code (previously there was a separate Code for the 'main' MCA 2005, and a separate Code for the Deprivation of Liberty Safeguards), this Code integrates the sections relating to the Liberty Protection Safeguards (LPS) and the sections relating to the main MCA into one document.

The content of the core MCA chapters has been significantly revised in many places. The first eleven chapters of the Code provides an overview of the Act, before moving in stages through the principles, the concepts of capacity, best interests, the defence in s.5, the role of the Court of Protection, LPAs, IMCAs and advance decisions to

refuse treatment. The LPS chapters then follow before chapters 21-26 then pick up the themes from the original Code of how the Act applies to children and young people, the relationship between the MHA and the MCA, the protection of people lacking capacity to make decisions for themselves, disagreement/dispute resolution, information access and research. The LPS chapter, chapter 12 contains the Government's (non-statutory) definition of deprivation of liberty. The chapters then move through an outline of the overall process, discussion of the responsible body, the appropriate person, the assessment conditions, consultation, the role of the Approved Mental Capacity Professional, the operation of the interim/emergency power in s.4B MCA 2005 and monitoring the reporting.

The Government has published a number of documents designed to help the sector prepare for implementation. These products are not subject to formal consultation, but the Government said it welcomed feedback as part of the consultation process. These are: impact assessment; LPS workforce and training strategy; LPS training framework; LPS National Minimum Data Set; and equalities impact assessment.

Summarising RR noted that this was a lengthy document but did want to mention it briefly. It represents a draft document and agencies are encouraged to respond to the consultation. Organisations have until July 2022 to do so. Following this any changes will be made and it will then be put before Parliament again. It is likely to be at least 6 months before implementation

Responding Jacqui Stansfield (JS) informed the Board that low level input into this process was taking place now Nazia Saleem (NS) is Service Manager for Kirklees Council Deprivation of Liberties (DoLS). Mental Capacity Act (MCA) team. NS is leading on the implementation of the Liberty Protection Safeguards (LIPs) and leading on the implementation process. An action plan is being put in place to support the introduction of LIPS and work is being carried out towards making links with KSAB in order to feed into the process.

[High Court Rules on Covid Guidance Being Unlawful](#)

Government policy issued in the early stages of the pandemic which let patients be discharged from hospitals to care homes without Covid-19 testing was unlawful, the High Court has ruled.

In *Gardner & Anor, R (On the Application Of) v Secretary of State for Health and Social Care & Ors* [2022], Lord Justice Bean and Mr Justice Garnham found that government policy in March and early April 2020 was "irrational" because it failed to take into account the risk to elderly and vulnerable residents from non-symptomatic transmission. The two claimants, whose fathers both died of Covid-19 in care homes in early 2020, brought their claim for judicial review against the Secretary of State for Health and Social Care, NHS England and Public Health England. They alleged that certain policy documents issued by the defendants in late March and early April 2020, and the policy decisions recorded in those documents, constituted breaches of their relatives' rights under the European Convention on Human Rights, or alternatively were irrational as a matter of domestic common law.

On 17 March 2020, the Government published the first element of its discharge policy, *Steps on NHS Response to COVID-19*, before publishing a further document

dated 19 March 2020, COVID-19 hospital discharge service requirements. These were criticised by the claimants on several grounds including failure to consider the safety of care home residents and failure to provide for the testing of each patient before discharge to a care home.

On 2 April 2020, further admissions guidance was published, which stated: "... Negative tests are not required prior to transfers/admissions into the care home." Policy recommending both testing and isolation for 14 days for new residents admitted to care homes, whether from hospital or from the community, was not issued until 15 April 2020. The judges stated this was a "significant delay at a critical period".

The claim succeeded against the Secretary of State and Public Health England in respect of both the March Discharge Policy and April Admissions Guidance documents. The claim against NHS England and the claims under the Human Rights Act 1998 were dismissed.

Summarising RR noted that this case has received a great deal of media interest and there might be a further flurry of judicial reviews.

RMG asked if it were likely that this had opened the door to future further claims.

RR responded that yes there was a view that might be the case. However, it is unlikely to lead to compensation claims. It is more about closure for the families concerned.

North Yorkshire Clinical Commissioning Group v E (Covid Vaccination) 2022

E was a man in his mid-60's who had a moderate to severe learning disability. It was agreed that he lacked capacity to decide whether to receive the Covid-19 vaccinations. The CCG applied to the Court of Protection for an order that it was in E's best interests to receive the vaccines.

The Official Solicitor's position was that the vaccination was likely to be in E's best interests however one of E's siblings strongly opposed the application with concerns that E's disability had been caused by the vaccine for whooping cough. E's sibling sought an expert witness opinion from Dr Eccles, who was strongly critical of vaccination. The Judge declined to allow the evidence from Dr Eccles, citing that he had no particular expertise in Covid vaccinations, and that he was not objective on the topic. The Judge noted that Dr Eccles' report had a lack of specificity to E, and there was no reference to Dr Eccles reviewing any evidence in relation to E's proceedings.

The Judge held that it was clear E would wish to be able to attend indoor events, although his learning disability meant that he was unable to understand and maintain social distance. He noted that there was not enough evidence about E's wishes regarding concerns about the whooping cough vaccine to take that into account, although he noted that E has received the flu vaccination since 2007 without issue.

The Judge came to the firm conclusion that it is in E's best interests to be administered the Covid-19 vaccine – the first, second and booster doses in accordance with the clinical judgment of E's GP therefore if there is some concerning side-effect of the first

does, E's GP would make a clinical judgment about whether further doses should be administered.

MB V PB (see report)

MB V PB 2022 - Restricting Contact

This case concerned PB, a 65-year-old woman who suffered from impaired cognitive function after a severe brain haemorrhage in 2018. She lacked capacity to make decisions about her residence and care, contact arrangements, and to conduct proceedings. She had lived in a specialist care home since April 2019 and was subject to a standard authorisation.

As a result of safeguarding concerns being raised, an order was made by Judge in April 2021 that restricted P's husband MB in accessing the care home and contacting with P. This application was brought by MB to challenge the standard authorisation and contact restrictions. MB did not accept any criticisms against him, and so it was necessary to hold a fact-finding hearing to determine the lawfulness of the contact restrictions. The issues for the fact-finding related to MB's controlling behaviour, interference with P's care, and interference with P's relationship with other family members.

The Judge heard evidence from one of P's children, P's sister PD, the general manager of P's care home, and a nurse (ME) who witnessed an event between MB and P. He found that there had been a pattern of controlling and coercive behaviour before P's admission into full-time care, and this had continued since. The Judge also found that MB sought to interfere in the provision of care to P and had a controlling attitude to care staff. He found that MB had sought to limit the contact P had with other family members, and that P has at time found contact with MB to be upsetting, although she has derived pleasure from it at some points.

Although MB wants P to come home, P's children and sister supported her placement in the care home. The Judge considered that the cessation of all contact between P and MB did not seem to be in her best interests, and so he considered a trial period of contact between P and MB to understand their reactions. He emphasised that this was not a best interests decision, but rather a suggestion of exploring the practicalities of this arrangement. A further hearing will be held.

PH v Betsi Cadwaladr University Health Board 2022

PH was 41 years old with a complex medical history. He was unable to eat or drink and has challenges in verbal communication, although those who knew him understood his unambiguous communication.

The Judge has criticised the Health Board in October 2021 for subjecting PH to physical restraint to take blood samples when there were reasons to believe he lacked capacity to consent to medical treatment, and there had been no application made to whether this was in PH's best interests despite PH being represented by the Official Solicitor in the Court of Protection; and secondly the extraordinary period PH had remained in hospital despite the need for rehabilitative care to enable him to maximise his potential for independent living.

In February 2022, proceedings were brought to the Judge to resolve a dispute concerning PH's transfer from a general surgical ward to a mental health rehabilitation placement. PH articulated his wish for a life as 'normal' as possible. He had visited the private residential property in February, which he liked, and the Judge approved an order for the move. There was no order for PH's capacity to consent to medical treatment, and therefore it was clear that the presumption was that he did have capacity.

Sadly, since then, PH had refused to take nutrition for 41 days. PH's doctor's evidence was that PH had capacity to accept feeding but was choosing not to. The Official Solicitor voiced concerns that PH had not always been consistent in his approach to feeding.

Considering PH has the capacity to take these decisions for himself, the Judge held that there was no jurisdiction for the Court of Protection in relation these proceedings. He noted that PH's decision to refuse feeding is distressing, but it is his decision and there is no further role for the court.

5. Safeguarding Adults Reviews

Update

5a) Adult N Action plan - Update

5b) Adult O – Action Plan update

Chair of the KSAB Safeguarding Adults Review (SAR) Subgroup Stuart Bainbridge (SB) informed members that work is progressing well across both Adult N/M SAR action plans as well the Adult O SAR action plan. Actions are being finalised and work is progressing at different paces for each SAR action plan.

The KSAB SAR Network Event to be held on 21st June 2022 will help to further build on this process.

SB is happy with progress being made on the KSAB SAR Subgroup

6. Performance

Update:

6i) Q & P Agency Highlight Report – highlight report ii) Dashboard

Chair of the KSAB Quality and Performance (Q&P) Subgroup Paula Adams (PA) informed members that the meeting of the Q&P Subgroup in April 2022 was smaller than usual due to the scheduling of the meeting being across the Easter Bank Holiday. Despite this the meeting was useful.

The new Agency Highlight Report (AHR) is developing well and agencies are providing good assurance for the Board with a focus being taken away from Kirklees Council Adult Social Care (ASC). The Subgroup agreed that the AHR will continue in the current format and will be further reviewed later in the year.

New proposals for development of the Q&P performance dashboard were discussed and as a result a new simpler dashboard has been agreed which will incorporate intelligence on People in a Position of Trust (PiPoT).

The Subgroup is regularly receiving information from the Care Home Early Prevention and Support (CHESP) team and the Subgroup will shortly benefit from representation from Domiciliary Care staff membership.

Thanking PA for the report RMG noted that the developments outlined will assist in the re-setting of the KSAB strategic plan across the next year.

7. Challenge Event / WY Organisational Safeguarding Checklist

Introducing this item JS reminded members that the decision had been made to carry out the annual KSAB Challenge Event. One remaining meeting is outstanding. Following this meeting the Challenge Report will be completed.

An initiative has been developed at Leeds where responses are combined across different Boards with the aim that one document fits all. The Kirklees Safeguarding Children Partnership (KSCP) have launched this in Kirklees. KSCP has requested that organisations review this and offer comments as to it being fit for purpose to meet the needs of Safeguarding Adults.

Calderdale SAB have made an initial review and commented that it appears to be repetitive in terms of the checklist and the focus of the questions appears to be more relevant to Children's Boards. The KSAB Strategic Delivery Group (SDG) have requested that organisations review the document and feedback to the Board by the end of June 2022

Action: Board members to review the West Yorkshire Organisational Safeguarding Checklist and feedback comments via the KSAB mailbox: ksab@kirklees.gov.uk by 30th June 2022. If there are any further questions, please contact JS

JS informed members that the cost of the system that runs the organisational checklist is £500. It is therefore important that there is assurance that the system is functional and meaningful.

Tanya Simmons (TS) informed members that West Yorkshire Fire and Rescue (WYFRS) had received the KSCP organisational form for completion and found it a repetitive document. TS is unclear how organisations with a West Yorkshire footprint actually complete it achieving a local level focus from what appears to be a corporate heavy document.

JS acknowledged this saying that when partner responses are received, they will be filtered. It is important that partners offer honest feedback in terms of the documents efficacy

Echoing this Alison Edwards said there is a lot of duplication on forms such as this across disparate groupings which takes up a great deal of time

8. Safeguarding Week – SAR Network Event

Ronnie Lodge (RL) delivered an update on Kirklees Safeguarding Week 2022 and the KSAB SAR Network Event on 21st June 2022

RL supports the SG Week planning group which comprises colleagues from the Children's Partnership, Safer Kirklees, Community Plus and Kirklees Communications. Meetings are held every 3 weeks in the build up to Safeguarding Week 2022 20-24 June 2022.

A proforma for submissions for content for SG Week has been developed by SAPT and this has been circulated to partners, agencies, and organisations. The SG Week brochure has been developed by SAPT where content will be detailed and promoted.

Content is beginning to feed through and there is an emerging mix of public facing events and internal professional focused ones. These will be aided by the help of Kirklees Communications to plan areas of promotional focus for each.

RL acknowledged that the request for videos from organisations outlining in basic terms what they did and how they do it may pose technical issues. SAPT will try to help organisations in fulfilling this requests. The anticipated organisational videos will link into both the SAR themed network event and messaging during Safeguarding Week.

In terms of the KSAB SAR Network Event the "save the date" invitation has been sent and there has been an encouraging response with 74 registrations so far. There appears to be a good mix of council colleagues and partner organisations.

The Network Events and Learning Bytes Planning Group are now working on engaging speakers and developing/ circulating the event programme.

Speakers confirmed include Donna Harkins (DH) from Kirklees Housing presenting on Multi Agency Good Practice. R.L. is working up Adult N's sisters story. We are awaiting a submission form Locala. Tracy Kershaw (TK) is working with CHFT for speakers on the Trauma Navigation Pilot scheme alongside a presentation from the Discharge Coordinator Team.

JS is coordinating the possible involvement of Alison Knight (AK) from the Department of Work Pensions. Becky Bracey (BBr) has contacted CHART and a meeting to discuss the approach will take place on April 29th. RL will attend the meeting.

The Planning Group is now working on the format and questions for breakout rooms. There is a need to have sight of SB and Gwen Clyde- Evans (GCE) slides to link overall themes.

All of this this is hoped to be fully coordinated by 3rd May to be able to publish and circulate the final event programme

The next meeting of the Network Events and Learning Bytes Planning Group will be held on 4th May 2022

9. National and Regional updates

Introducing this item JS said that the updates included further information on the SAR Library that Michael Preston-Shoot is leading on considering evidence nationally.

There is also information for Board members on the introduction of the Integrated Care Service (ICS) with some SAB Chairs expressing some anxiety as to how this will be developed.

JS outlined an issue which has received significant media interest relating to predatory marriage. The story concerned a 91-year-old woman who married a 68-year-old man. The woman had severe dementia and left her entire estate to him. The family of the woman are campaigning for a change to the law to make such wills transparent. The family did have Power of Attorney (POA) but this doesn't cover marriage. It was thought that when asked the woman appeared to acquiesce because she was smiling at the time. The family had to pay for the woman's funeral and the husband took over the property. There isn't the possibility of conviction in this case due to a lack of evidence.

Action: JS will share the report of the case of suspected predatory marriage with Board members

JS informed Board members that work is ongoing with other SAB's to consider Boards' struggles with the Coronial process. Work is being undertaken to streamline the process in terms of safeguarding

Sharing SAR's across different SAB's has been further enhanced. JS will share the Rotherham SAR link with Board members and this will be also considered by the KSAB L&D Subgroup bringing forth learning points

Action: JS will share the Rotherham SAR link with Board members

10. Agency Safeguarding updates and local issues

LPS update

JS stated that this item had been covered in RR's update in section 4 of the agenda

Ukrainian Crisis –

Jo Richmond (JR) Kirklees Council Head Of Communities and Gail Addinall (GA) – Head of Kirklees Council Adult Social Care (ASC) Operations delivered a presentation

to the Board on the current Ukrainian Refugee crisis via a PowerPoint presentation which was shared on screen.

Explaining that the focus of Kirklees Council's response to the refugee crisis is on providing homes GA said that risks for oversight are around arrivals and that ASC staff are governing the scheme with this in mind.

JS and GA acknowledged good work and collaboration with West Yorkshire Police (WYP) on this.

Following the presentation RMG said that the focus on safeguarding in terms of the refugee crisis was very encouraging. The Board are very cognisant of the risks families are under including the trauma in their lives and mitigations that are coming into view in terms of hosts of refugee families.

TS sought clarification on the statement that after all checks on homes had been made placement could proceed even after concerns were highlighted.

GA said in response that this was the case. However, representations are being made to overturn this with central Government.

Richard Parry asked if JR and GA could share any stories emphasising and surrounding this issue.

GA and JR shared several stories surrounding this issue for Board members to digest and understand

RMG enquired if there were sufficient resources available to undergo safeguarding checks.

In response JR said that extra resource would be found involving the setting up of a specialist project team. Other parts of the Community Plus and ASC service areas have reduced to compensate for this. The demand will be monitored and any extra resource will be requested if thought required. Kirklees Housing Services are also working in support of the Ukrainian refugee crisis

Concluding this item RMG thanked JR and GA for their presentation and offered the view that if difficulties are being experienced due to Home Office guidance, then perhaps Chairs of SAB's might take this issue back to central Government

11.AOB

i) Chairs / deputies for Subgroups

ii) Board Constitution update – last updated April 2019

iii) Strategic Delivery Group Terms of Reference (Sign off)

Introducing this item JS asked that Board members sign off the SDG Terms of Reference (ToR's)

Action: Board members to sign off the SDG ToR's via the KSAB mailbox: ksab@kirklees.gov.uk by the time of the next KSAB meeting

JS informed members that a new Chair of the KSAB Learning and Development (L&D) Subgroup – Maria Knox – has been appointed and is in situ

There is a continuing requirement for a deputy Chair for the KSAB Q&P Subgroup. An offer to take up the role has been received and this is currently under consideration.

There is still an outstanding requirement for a Vice Chair on the SDG which is being followed up.

The Safeguarding Adults Partnership Team (SAPT) are working on the update to the KSAB Constitution and will circulate the final draft version and recommendation to Board members when complete and will circulate.

Action: SAPT will circulate the final draft version of the updated KSAB Constitution for oversight and comment when complete

12. Next Meeting Date

**Next Meeting Date: Friday 22nd July 2022
10am – 12pm**

Virtual via Microsoft Teams

Summary of actions

Actions from meeting 7th February 2022

Item 3

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

JG said that now we have a policy this will be completed by the next Board meeting

JG informed members that the stated policy (above) has not in fact now come forward so further advice will be forthcoming when the policy is implemented.

SB will offer further updates as and when the policy is implemented.

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PW will share a slide deck outlining the new West Yorkshire ICB operation with members after pulling together a new set of slides for clarity. This will be submitted as an agenda item at the next meeting of KSAB.

Actions from meeting 6th May 2022

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