Annual Report 2017/18

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1. Foreword by the Independent Chair

It is a great privilege to Chair both the Adult and Children Safeguarding Boards in Lancashire. As financial pressures and human resource issues continue to be a significant challenge in all agencies, I get to see at first hand the commitment and hard work which leads to better and safer services.

The scale, levels of diversity and complexity of the population in Lancashire create a challenging environment. As at the end of quarter four, agencies were supporting 6,097 children in need of early help; 1,243 children on a Child Protection Plan; and the council looks after almost 2,000 children in care. There are almost 1,000 children living in Lancashire who are looked after and placed here by other councils; we have 1,210 educated at home; and 363 missing from education. Almost 6,000 adults with care and support needs are supported in residential or nursing homes; approximately 11,000 adult safeguarding alerts are dealt with in a year; significant numbers of people need support with their mental health; and the population of the very elderly is growing year on year.

None of the services in Lancashire would claim to be perfect but the value of the work managers and practitioners do often goes unrecognised. To them I say thank you – their skills and dedication make a difference to the lives of some of the most vulnerable people every day.

The Boards offer both support and challenge to the agencies and our performance and audit framework continues to develop. This report covers the year from April 2017 to end of March 2018. It seeks to set out the context within which agencies work, what we know about the range of services and what we have found out through our audits and review about the quality of agency performance.

The year has seen the local authority continue its improvement journey following an adverse inspection two years ago and additional challenge for the police and one of our health providers following criticism in this year's round of inspections. We have seen changes in responses to those referred for services with more emphasis on early help but in children's services there are still too many children in need of protection or looked after by the local authority. Child and adolescent mental health services are showing improvement in range and timeliness of services. For older people we have proportionately more people in care settings and too many homes not rated as good.

Responses to exploitation - sexual, financial, criminal, online – continue to develop. The local authority has increased the resources to manage child sexual exploitation and all agencies are sighted on the increasingly complex nature of exploitation. Better identification of exploitation of adults via modern slavery and human trafficking is a developing pressure area.

The two Safeguarding Boards continue to be supported by a single business unit and this has enabled us to take a much more coordinated approach to the work. Wherever possible the Boards work together, doing things just once! We have also applied this as a principle in our work with

neighbouring Boards – Blackpool, Blackburn with Darwen and Cumbria – and have developed joint adult safeguarding procedures and completed a number of joint initiatives.

We have seen some turnover of staff during the year but have a strong team and they have completed a challenging workload. The volume of work is high and we have had a significant number of cases requiring a formal review. As a result we have developed new ways of working and this has been shared at a regional level as a model of good practice.

In July 2018 the government issued new guidance around the arrangements for safeguarding children. These will require the establishment of a new "Multi-agency Safeguarding Partnership" to replace the LSCB. Plans are in development and the three lead partners, the council, the police and the Clinical Commissioning Groups will need to reach a decision in the coming months with a final implementation deadline of September 2019. There are a range of options but strong commitment to ensuring that the new arrangements will be at least as robust as current arrangements.

I expect the coming year to be just as challenging as the last one but look forward to playing a part.

Jane Booth, Independent Chair

2. Local Context and Background

Lancashire is a large Shire County in the North West of England, with one County Council (LCC) and 12 District Councils, in addition there are 2 Unitary Authorities within the geographic region of Lancashire; Blackpool and Blackburn with Darwen. Lancashire Safeguarding Boards are primarily concerned with the Lancashire-12[1] area, hence data within the Annual Report relates to Lancashire excluding the unitary authorities unless otherwise stated. The most current data available has been used to inform this report and data for 2017-18 used whenever possible, however this is not always possible especially for indicators which are submitted nationally and include regional and national comparators. At the time of writing, mid-year 2017 population estimates had not been released, hence mid-year 2016 population estimates have been used to provide the local context and background.

Mid-year 2016 population estimates indicate that Lancashire local authority area is the fourth largest in the United Kingdom, with a population of 1,195,418; the three local authority areas with larger populations being Kent, Essex and Hampshire respectively.

As the data in the table below illustrates, Lancashire's mid-year population estimate has increased by 0.55% compared to 2015, in contact North West and England population estimates have increased by 0.68% and 0.88% respectively. With regards to the English population, it is estimated that 2.16% reside in Lancashire. The population estimates also indicate that approximately 16.55% of the North West population reside in Lancashire.

Mid-year population estimates	**2015 estimate**	**2015 % Lancs**	***Annual % change***	**2016 estimate**	**2016 % Lancs**
England	54,786,327	2.17%	*+0.88%*	55,268,067	2.16%
North West	7,175,178	16.57%	*+0.68%*	7,223,961	16.55%
Lancashire	1,188,875	100.00%	*+0.55%*	1,195,418	100.00%

In contrast to the 1,195,418 estimated to live in Lancashire, the unitary authorities have much smaller populations, with an estimated 148,462 in Blackburn with Darwen (which equates to 12.5% of population within the Lancashire-12 area) and 139,983 Blackpool (11.7% of Lancashire-12 area).

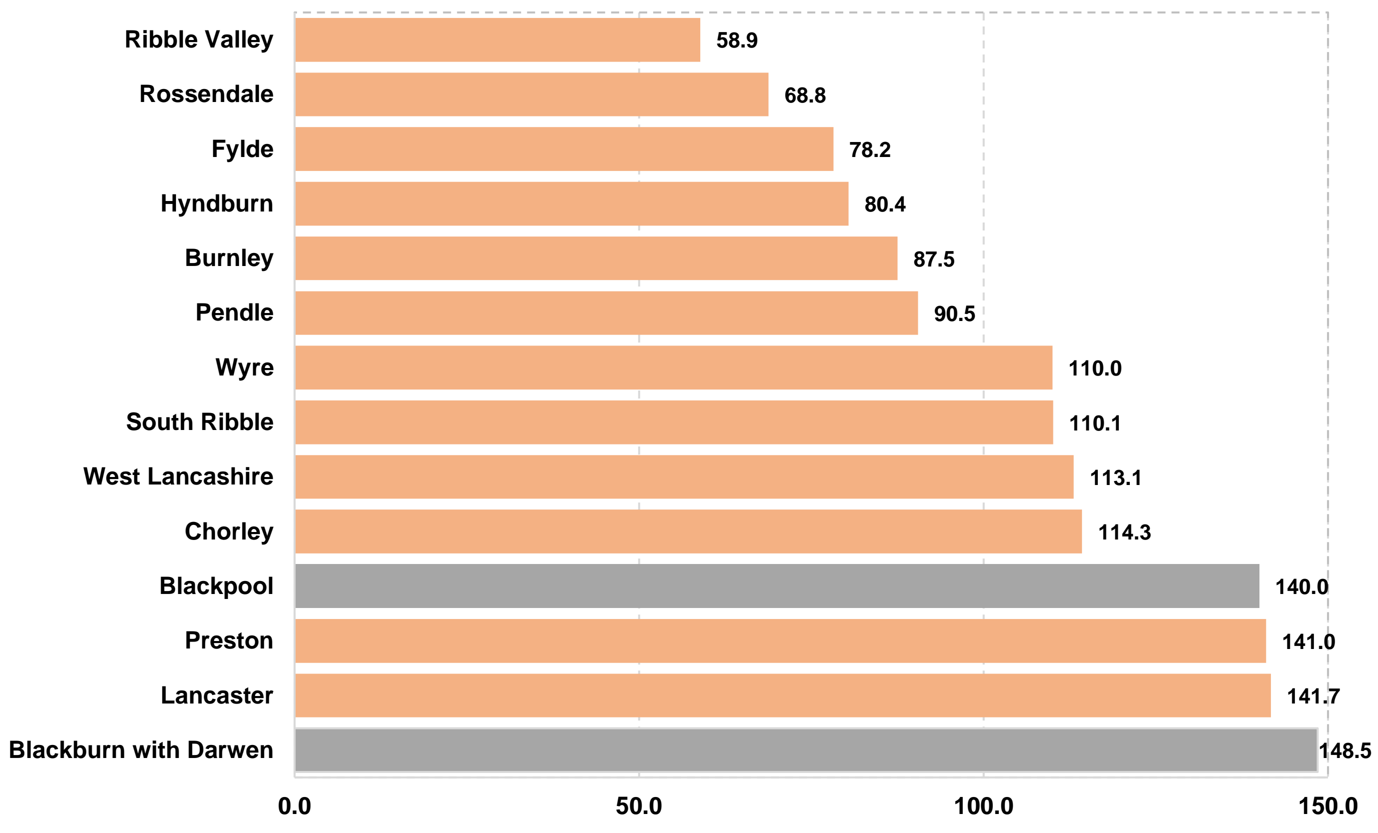
With regards to the individual districts within the Lancashire-12 area, each of these are distinctly diverse with significant difference in many aspects including population, demography, geography, ethnic composition and indices of deprivation.

As the graph below shows, the populations for each district within Lancashire vary considerably. Lancaster district continues to have the largest population in the Lancashire-12 area (141,723) closest followed by Preston (141,023). These numbers are likely bolstered by the fact that both

[1] "Lancashire-12" refers to the 12 District Councils within the County Council footprint: Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre

districts are centred on a city and both have University's. Ribble Valley (58,864) and Rossendale (69, 787) remain the two districts with the lowest population totals.

2016 mid-year population estimates (thousands) for local authorities with the Lancashire-12 authority area and unitary authorities



Source: Office for National Statistics (ONS) 2016 mid-year population estimates

The 2016 birth and death rates indicate that the Lancashire-12 area overall continues to register more live births than deaths each year. There are however differences between the districts; in 2016 Fylde, Lancaster, Ribble Valley, West Lancashire and Wyre recorded more deaths than births. This can be explained in part at least by the fact that these districts have a high proportion of older residents, thus leading these districts to have a higher mortality rate and also a lower proportion of the population are children or adults of child bearing age.

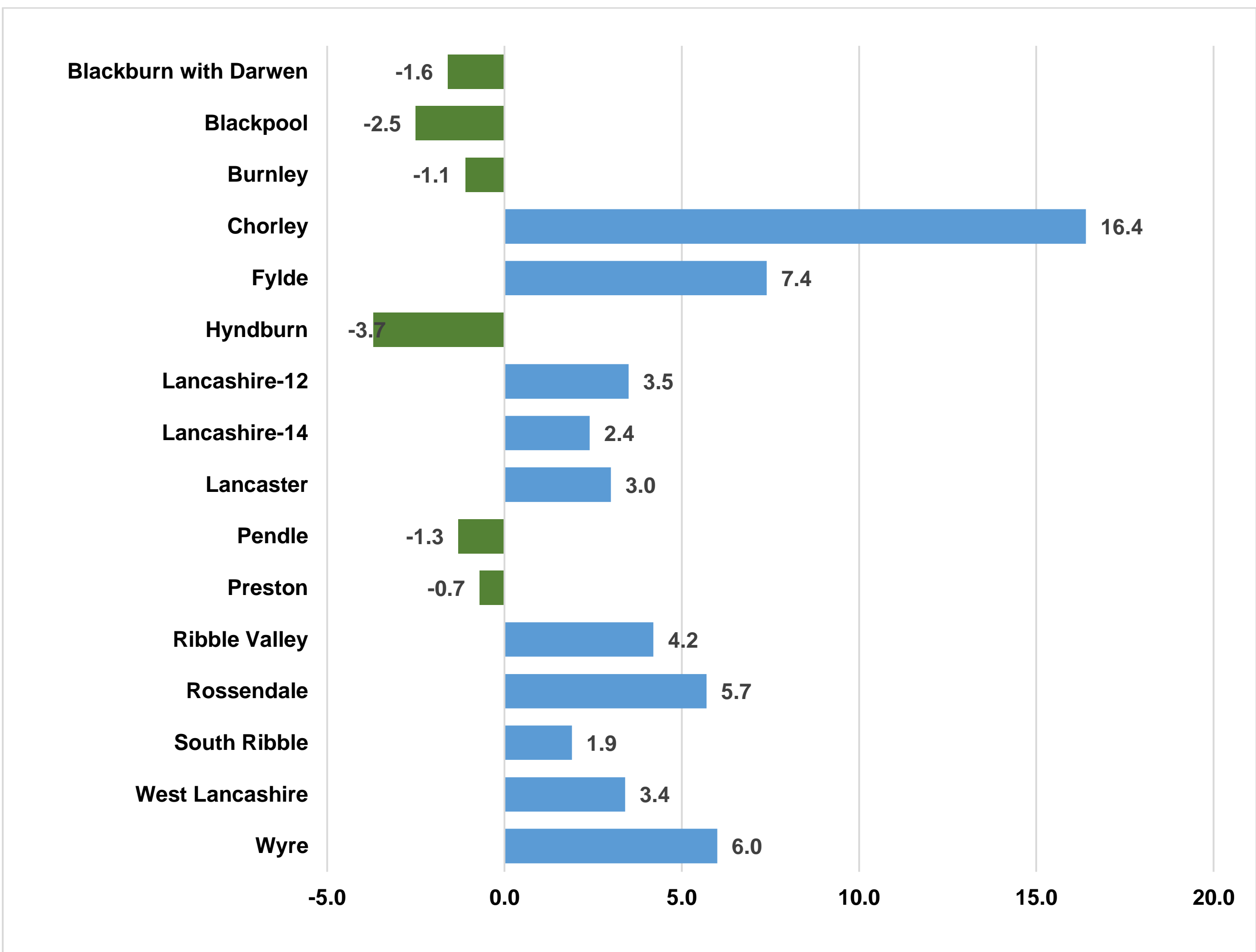
Population Projections

According to data available via the Lancashire Insight2 site, the latest population projections for the Lancashire-12 area project a population increase of 3.5% with the population expected to reach 1.23 million by 2041. This increase is lower than the North West projection of 6.4% and expected increase of 12.1% for England.

[2] Lancashire Insight provides statistics and intelligence regarding Lancashire, including Lancashire's Joint Strategic Needs Analysis - http://www.lancashire.gov.uk/lancashire-insight

Burnley, Hyndburn, Pendle and Preston are expected to experience small population decreases between now and 2041. As illustrated below, the only Lancashire-12 district which is anticipated to experience a significant increase in population is Chorley, with an expected increase of 16.6% by 2041.

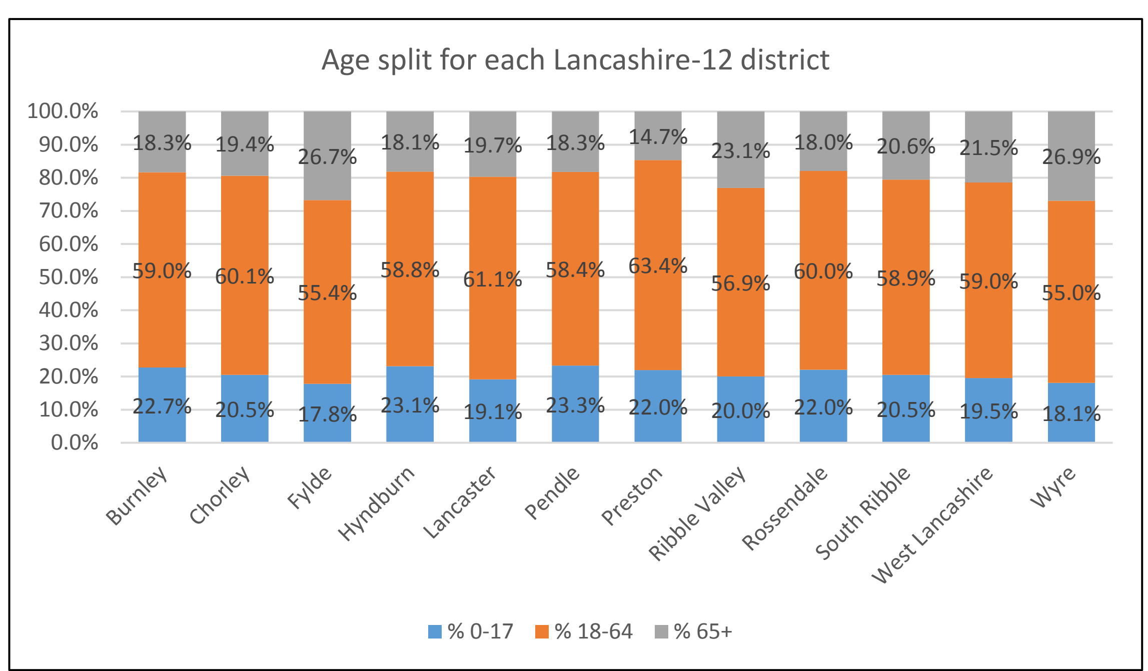
Lancashire population projection by district



Age Profile of Lancashire

	all ages	0-17	18-64	65+		% 0-17	% 18-64	% 65+
Lancashire-12 total	1,195,418	246,552	707,268	241,598		20.6%	59.2%	20.2%
North West	7,223,961	1,533,440	4,368,604	1,321,917		21.2%	60.5%	18.3%
England	55,268,067	11,785,277	33,599,949	9,882,841		21.3%	60.8%	17.9%

Mid-year population information (all ages) estimates there to be 246,552 children (aged under 18), this accounts for 20.6% of the total population in Lancashire-12 area. 59.2% of the total population were of working age (59.2%) and 20.2% of the total population (241,598) were aged 65+.



In comparison with the North West and England percentages, the Lancashire-12 area overall has an extra 2-3% older adults. As mentioned above the demographic structure varies between the districts, this is illustrated by the bar chart (above) which shows that Wyre & Fylde had the highest percentage aged 65+ (26.9% and 26.7% respectively). In contrast, only 14.7% of the Preston district were aged over 65.

Based on the 2016 mid-year population estimates, the Lancashire age profile shows that the gender split remains equal across all age groups until aged 65+, at this point the percentage of females exceeds males. This remains true within the North West and National comparator lines and is presumably due to females having an increased life expectancy.

The age profile also supports the fact that Lancashire has a higher number of people aged 65+ compared to North West and National comparators. It is also evident that Lancashire has a below average 'young adult population' (i.e. age 25-40).

Deprivation

There are some areas of Lancashire which are considered to have severe social and economic deprivation. Deprivation is measured by the indices of deprivation (IMD), which provides detailed results for very small areas. As the table above indicates, there are 7 domains of deprivation, which each contributing to the overall index score.

Of 152 upper tier local authorities the Lancashire-12 area is ranked 87, which puts the county in the middle nationally, (57%) however within this data there are significant variations between the districts. 3 of the 12 Lancashire-12 districts are considered to be within the top 20% most deprived areas in the country. Burnley (ranked 17th), Hyndburn (ranked 28th) and Pendle (ranked 42nd). Conversely, Ribble Valley (ranked 290th is considered within the top 20% of least deprived areas in

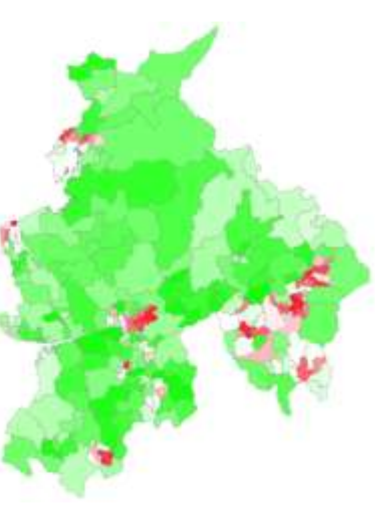
the country). This information is best represented by the district map of Lancashire below, clearly showing the differences between district (red areas show the most deprived and green the least deprived districts).

Based on 2015 information, this is the most recently available data with regards to Deprivation
Rank of 326 local authorities

District	IMD rank	IMD Perc	Employment Perc	Health Perc	Income Perc	IDACI Perc	Education Perc	Crime Perc
Burnley	17	5.2	4.0	1.8	10.4	10.7	8.9	7.7
Hyndburn	28	8.6	7.7	2.1	14.7	22.1	18.4	16.3
Pendle	42	12.9	16.6	7.4	17.8	28.8	16.6	27.6
Preston	72	22.1	30.4	7.1	28.2	30.7	37.4	21.8
Rossendale	98	30.1	21.2	13.8	27.6	38.7	50.9	35.0
Lancaster	125	38.3	48.8	19.0	50.0	45.1	73.3	35.3
West Lancashire	164	50.3	39.3	24.8	45.1	52.5	65.0	50.6
Wyre	167	51.2	38.7	23.3	48.2	54.9	62.9	58.9
Chorley	186	57.1	48.2	24.2	60.1	65.3	75.2	51.5
Fylde	218	66.9	46.6	33.4	62.0	76.4	89.3	76.1
South Ribble	234	71.8	59.8	42.0	71.2	73.9	75.8	69.9
Ribble Valley	290	89.0	82.2	66.9	96.6	99.7	96.9	89.6

Source: Lancashire Insight: deprivation dashboard

It is also useful to note that even within the district areas, there is considerable variances within local neighbourhood deprivation, within severe deprivation most noticeable within the urban centres; specifically in East Lancashire. The second map illustrates that there is considerably variation in deprivation even within individual districts.



2.1 What do we know about Adults in Lancashire?

The following information is based on the Adult Health and Social Care profiles, which are available via the NHS Public Health profiles. In addition, reference is also made to data from the LSAB's multi-agency dataset; this information is routinely analysed by the LSAB's Quality Assurance, Audit and Performance sub-group and shared with board on a quarterly basis.

2.1.1 Public Health Profiles

The key indicators illustrated in the Health Profiles table include a key list of health and social indicators. Information can be extracted for the Lancashire Local Authority area and compared regionally, nationally and with previous year's data. The data is RAG rated against the benchmark set by Public Health and an indication of the direction of travel is included which enables comparison for Lancashire compared to the previous time period. It is important to note that the Public Health profiles' information provides data for the Lancashire-12 area, this means that district variations in the data will not be evidenced (it is however possible for each indicator to be broken down to district level if required).

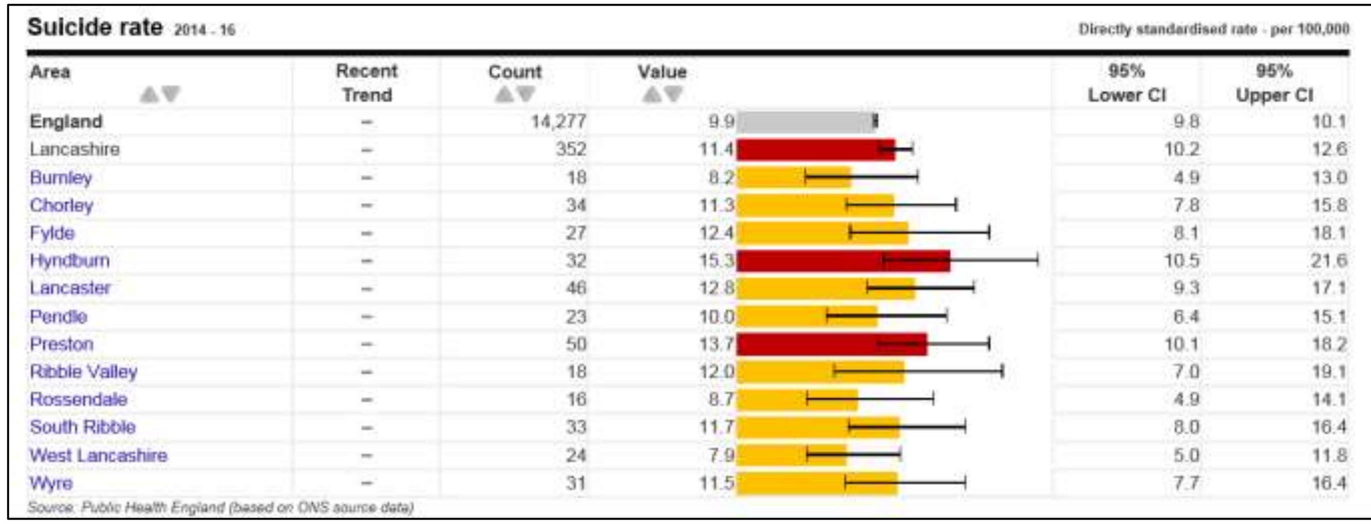
Red = worse, Amber = similar, Green = better
Benchmark RAG – Lancashire compared with the Public Health England benchmark
Direction of Travel – most recent Lancashire data compared with previous
Most recently available data as of June 2017.

Health Profiles **Life expectancy and causes of death**		England	NW	Lancashire			
				Current	Previous	Direction of Travel	Benchmark RAG
1	Life expectancy at birth (males) *2014-16 data*	79.5	78.2	78.7	78.5	Stable	
2	Life expectancy at birth (females) *2014-16 data*	83.1	81.7	82.2	82.1	Stable	
3	Suicide Rate - per 100,000 population *2014-16 data*	9.9	11.0	11.4	11.6	Stable	
5	Under 75 mortality rate: cardiovascular – per 100,000 population *2014-16 data*	74.6	88.5	82.0	85.5	Better	
6	Under 75 mortality rate: cancer – per 100,000 population *2014-16 data*	136.8	151.4	138.3	143.4	Better	
7	Excess Winter Deaths (%) *Aug13-Jul16 data*	17.9	18.0	18.1	18.8	Better	

Data relating to life expectancy at birth for males and females in Lancashire remains stable. Male life expectancy in Lancashire is 78.7 and for females, slightly higher at 82.2. For both males and females, the Lancashire figure exceeds the North West average but lower than the National life expectancy; thus the red RAG benchmark. Interestingly there is significant variation in the life expectancy across the Lancashire districts, for example the life expectancy in Ribble Valley is 81.8, whilst Chorley had a rate of 76.7.

The suicide rate remains stable with a marginal drop in the Lancashire rate (11.4 per 100,000 population, compared with 11.6 previously). Lancashire remain RAG rated red compared to the NHS England rate of 9.9.

In the previous year's Annual Report, the LSAB drew attention to the significant district variation with regards to the suicide rate, highlighting specifically Preston district which had a suicide rate of 16.8 per 100,000 in 2013-15. As the table below illustrates, the suicide rate continues to differ considerably amongst the Lancashire-12 districts. Preston's rate has improved from 16.8 to 13.7, however other areas have seen a noticeable increase. Chorley's rate has seen an increase of 2.6 (increasing from 8.7 in 2013-15 to 11.3 in 2014-16). Hyndburn's suicide rate has also increased, going up to 15.3 per 100,000.



Suicide rate 2014 - 16 — Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	14,277	9.9	9.8	10.1
Lancashire	–	352	11.4	10.2	12.6
Burnley	–	18	8.2	4.9	13.0
Chorley	–	34	11.3	7.8	15.8
Fylde	–	27	12.4	8.1	18.1
Hyndburn	–	32	15.3	10.5	21.6
Lancaster	–	46	12.8	9.3	17.1
Pendle	–	23	10.0	6.4	15.1
Preston	–	50	13.7	10.1	18.2
Ribble Valley	–	18	12.0	7.0	19.1
Rossendale	–	16	8.7	4.9	14.1
South Ribble	–	33	11.7	8.0	16.4
West Lancashire	–	24	7.9	5.0	11.8
Wyre	–	31	11.5	7.7	16.4

Source: Public Health England (based on ONS source data)

District Suicide Rate	2013-15 count	2014-16 count	count diff	2013-15	2014-16	rate diff
England	14429	14277	-152	10.1	9.9	-0.2
Lancashire	357	352	-5	11.6	11.4	-0.2
Burnley	26	18	-8	11.5	8.2	-3.3
Chorley	26	34	8	8.7	11.3	2.6
Fylde	26	27	1	11.7	12.4	0.7
Hyndburn	28	32	4	13.7	15.3	1.6
Lancaster	44	46	2	12.2	12.8	0.6
Pendle	29	23	-6	12.4	10.0	-2.4
Preston	58	50	-8	16.8	13.7	-3.1
Ribble Valley	17	18	1	*	12.0	N/A
Rossendale	21	16	-5	*	8.7	N/A
South Ribble	32	33	1	11.3	11.7	0.4
West Lancashire	25	24	-1	8.7	7.9	-0.8
Wyre	25	31	6	9.2	11.5	2.3

There are many factors which may have contributed to the variations in the district suicide rates. Changes in the suicide rate may be affected by socio-economic factors such as deprivation, poverty, access to healthcare, drug/ alcohol misuse.

LCC Public Health completed a Suicide Audit in 2017/18, this piece of work explored some of the factors contributing to suicide cases in Lancashire over the last 3 years.

Disease and Poor Health	England	NW	Lancashire			
			Current	Previous	Direction of Travel	Benchmark RAG

		England	NW	Current	Previous	Direction of Travel	Benchmark RAG
8	Hospital stays for self-harm - per 100,000 population *2016-17 data*	185.3	231.2	194.7	235.0	Better	
9	Admission episodes for alcohol related conditions - per 100,000 population *2016/17 data*	575	612	645	669	Better	
10	Hip fractures in people aged 65 + - per 100,000 population *2016/17 data*	575	612	583	564	Worse	

Public health information relating to disease and poor health shows that the rate of hospital stays for self-harm and alcohol related conditions has improved within Lancashire. Despite the improvement in both indicators Lancashire remains benchmarked red with regards to hospital stays for self-harm.

Adult Social Care **People with care and support needs**		England	NW	Lancashire			
				Current	Previous	Direction of Travel	Benchmark RAG
11	Dementia: QOF Prevalence % (all ages) *2016/17 data*	0.8	0.8	0.9	0.9	Stable	
12	Prevalence of learning disabilities – proportion % (all ages) *2014-15 data – more recent data not available*	0.44	0.46	0.45	No data		

Prevalence of dementia within Lancashire is 0.9%, this is stable compared to the previous year. Lancashire's rate remains marginally higher than the North West and National average of 0.8%.

Data relating to the prevalence of learning disabilities has not yet been updated. 2014-15 data indicates that 0.45% of the population are diagnosed as having a learning disability. This indicator is all age.

Safeguarding Vulnerable Adults *2015/16 – most recently available data*		England	NW	Lancashire			
				Current	Previous	Direction of Travel	Benchmark RAG
15	Emergency hospital admissions due to falls in people aged 65 or over (per 100,000) *2016-17 data*	2114	2373	1882	1969	Better	
16	Hip fractures in people aged 65 and over (per 100,000) *2016-17 data*	575	612	583	564	Worse	
17	Excess winter deaths index (single year, all ages) ratio - % Aug15-Jul16	15.1	15.3	15.8	13.0	Worse	

18	Statutory Homelessness: rate per 1000 households	2.5	1.3	0.5			

Lancashire's emergency hospital admissions due to falls in people aged 65+ have improved again from 1969 to 1882 per 100,000, this is consistently lower than the National and North West figures. The rate of the population aged 65+ with hip fractures has worsened from 564 in 2016/17 to 583 in 2016/17. This rate is higher than the National figure, but lower than the North West benchmark. Data for excess winter deaths also shows a worsening trend in Lancashire, with the ratio increasing from 13.0 to 15.8, which now exceeds the National and North West figures.

Delayed Transfers of Care

Total delayed transfers of care per 100,000

Indicators regarding delayed transfers of care (ASCOF 2C) were revised in 2017, with new definitions published in December 2017. The table below illustrates the total delayed transfers of care per 100,000 for the last 3 years. The final 3 columns of the table illustrate how Lancashire ranked Nationally (1 best, 151 worst). In 2017/18, Lancashire's total delayed transfer of care rate was 14.8. This is on a par with the previous year, however the ranking in 2017/18 worsened from 104 in the previous year to 120 in 2017/18 – this means that Lancashire fall into the third quartile having previously been in the second. Lancashire is below the North West and National averages.

ASCOF 2C Part 1 (total delayed transfers)	Indicator Scores			Ranking (best=1, worst=151)		
Calculations	**2015/16**	**2016/17**	**2017/18 (Apr-Mar)**	**2015/16**	**2016/17**	**2017/18 (Apr-Mar)**
Minimum value	2.3	2.3	2.6	1	1	1
First quartile	6.6	7.5	6.6	39	39	39
Second quartile	9.1	10.8	9.5	76	76	76
Third quartile	12.7	16.1	14.0	114	114	114
Maximum value	30.3	41.3	33.3	151	151	151
Average value NW	10.3	15.3	13.5	76	87	97
Average value England	10.2	12.8	11.1	76	76	76
Average value comparator gp	13.4	18.0	14.6	105	108	103
Lancashire	12.7	14.9	14.8	113	104	120

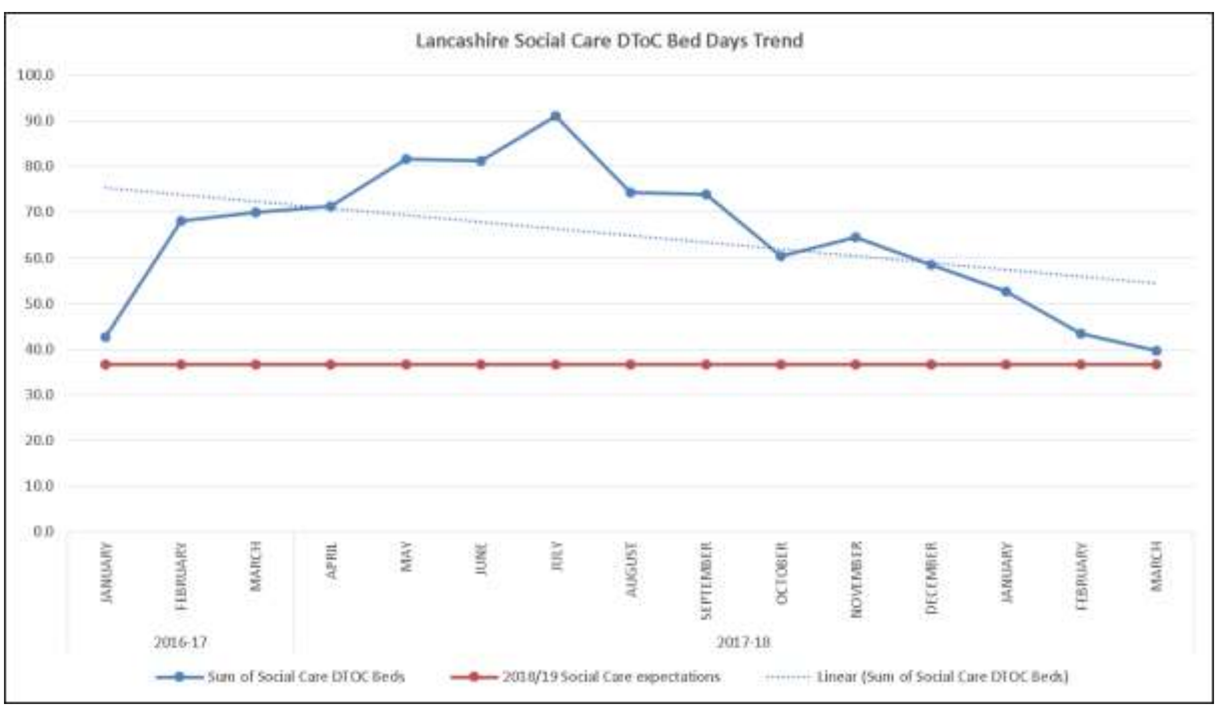
Social Care delayed transfers of care per 100,000

With regards to Social Care specific Delayed Transfers of Care. Lancashire's rate has increased from 4.1 to 6.9 in 2017/18. This has led to the ranking increasing from 86 to 134 as the table below indicates. Lancashire is now in the third quartile and is below the North West and National averages.

ASCOF 2C Part 2 (social care delayed transfers)	Indicator Scores			Ranking (best=1, worst=151)		
Calculations	**2015/16**	**2016/17**	**2017/18 (Apr-Mar)**	**2015/16**	**2016/17**	**2017/18 (Apr-Mar)**

Minimum value	0.0	0.2	0.2	1	1	1
First quartile	1.3	1.9	1.6	39	39	39
Second quartile	2.6	3.2	2.9	76	76	76
Third quartile	4.3	6.0	4.9	114	114	114
Maximum value	12.6	20.4	17.7	151	151	151
Average value NW	3.3	5.8	5.6	71	89	101
Average value England	3.2	4.3	3.7	76	76	76
Average value comparator gp	3.6	6.2	5.7	86	100	102
Lancashire	1.2	4.1	6.9	37	86	134

The Local Authority monitor and interrogate this data on a monthly basis. They also use the above information to determine what the rate means in terms of number of 'bed days' lost in Lancashire. The Local Authority advise that since the middle of 2017/18 the Lancashire Delayed Transfer of Care performance has consistently improved and they are now on track to achieve the national average – this is supported by the graph below, which shows month on month decreases.



ASCS Adult Social Care Outcomes Framework (ASCOF) Scores

The table below provides Lancashire's 2017/18 ASCOF scores. Please note, the whole dataset has not been provided, instead a selection of indicators are included which it is felt clearly relate to safeguarding. At the time that this report was written, comparative data was not available. Therefore Lancashire's scores are compared with 2016/17 benchmark standards).

Performance Indicator	Good is: H/L/C (NB C=Comparative	2013/14	2014/15	2015/16	2016/17	**2017/18**	Direction of travel		Comparative Performance 16/17 (published Oct 17)	
							Lancashire compared with national average	Lancashire compared with previous year	NW Average	England Average
1A: Social care related quality of life (NB this is not a percentage, it is a composite indicator comprising 8 questions and the maximum score is 24)	H	19.1	19.5	19.5	18.8	**19.6**	Better	Improving	**19.0**	**19.1**
1B: The proportion of people who use services who have control over their daily life	H	76.3%	81.4%	77.4%	78.7%	**78.1%**	Better	Declining	**77.4%**	**77.7%**
1Ii: Proportion of service users who report that they have as much social contact as they would like.	H	49.2%	44.9%	47.1%	42.8%	**49.0%**	Better	Improving	**44.5%**	**45.4%**
3A: Overall satisfaction of people who use services with their care and support	H	64.9%	70.3%	68.3%	67.7%	**67.9%**	Better	Improving	**64.9%**	**64.7%**
3D Part 1: The proportion of people who use services and carers who find it easy to find information about services (**service users only**).	H	69.2%	71.8%	70.8%	68.8%	**74.1%**	Better	Improving	**72.6%**	**73.5%**
4A: The proportion of people who use services who feel safe	H	66.4%	72.9%	74.5%	69.6%	**76.1%**	Better	Improving	**70.7%**	**70.1%**
4B: The proportion of people who use services who say that those services have made them feel safe and secure.	H	73.0%	88.9%	88.4%	86.9%	**87.9%**	Better	Improving	**85.8%**	**86.4%**

Local authorities in England with responsibility for providing adult social care services are required to conduct an annual postal survey of their service users. The Personal Social Services Adult Social Care Survey (ASCS) asks questions about quality of life and the impact that the services they receive have on their quality of life. It also collects information about self-reported general health and well-being. Responses are gathered from a range of service users in a range of service settings. Data is also used to populate several measures in the Adult Social Care Outcomes Framework (ASCOF).

The 2017/18 ASCS ASCOF results show improving performance in Lancashire performance for all indicators listed except "1B: The proportion of people who use services who have control over their daily life". This indicator has fallen from 78.7% to 78.1%. Although this is reduction compared to the previous year, Lancashire's figure is above the North West and National comparators (2016/17 benchmark).

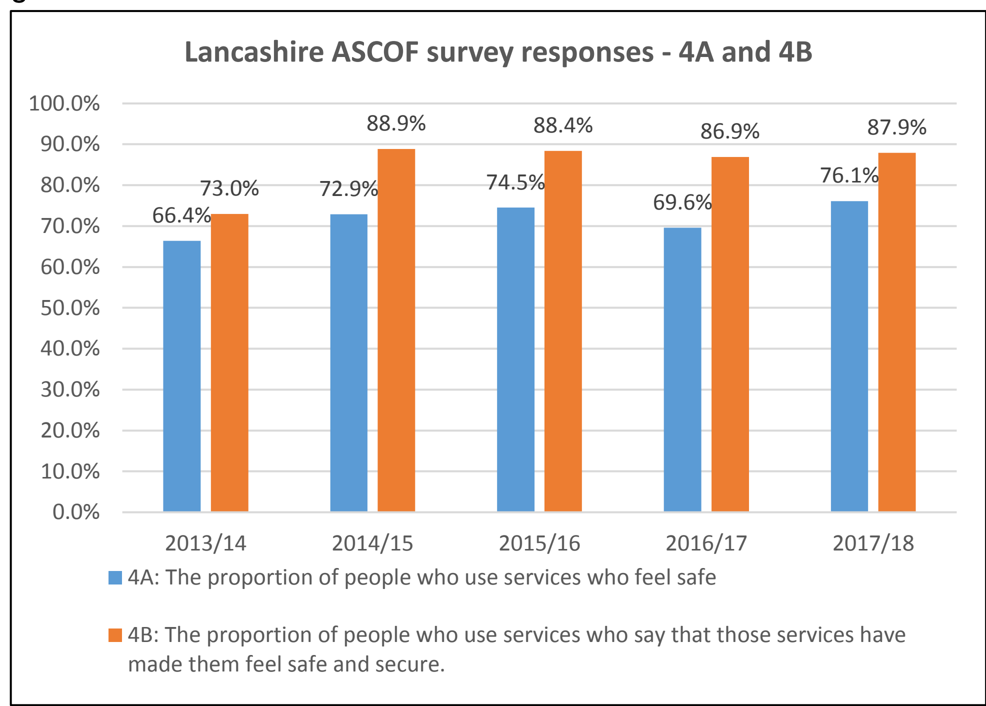
For all indicators listed, Lancashire's performance is better than the North West and National figures (although these are 2016/17 comparators since 2017/18 benchmarked data is not yet available). Lancashire's performance in 2017/18 compared to the previous year has also improved for all indicators (other than 1B).

Indicators 1B and 1Li relate to enhancing the quality of life for people, these are included in the annual report in order to provide some measure of the voice of the service user. Indicator 1B indicates that 78.1% of Lancashire people who use services feel they have control over their daily life. The percentage of people who use services, and reported sufficient social contact is 49.0% in Lancashire, this is an improvement of 6.1% compared to the previous year (2016/17 – 42.9%). This indicator is included as there is said to be a strong link between loneliness, and poor mental and physical health and tackling loneliness and social isolation is a priority for the Government.

Indicator 3A has shown a marginal improvement (67.7% to 67.9%) and is an indication of how satisfied service users are with their care and support. Indicator 3D has improved by 5.3% (68.8% to 74.1%) and implies that improvements have been to how easy it is for service to find information about services.

The indicators highlighted yellow in the table above relate directly to safeguarding. For 4A: 'The proportion of people who use services who feel safe', Lancashire has experienced an increase of 6.3% (from 69.6% to 76.1%). As mention above, this better than the North West and National averages.

For the second indicator involving safeguarding; 4B ' the proportion of people who use service who say that those services have made them feel safe and secure', Lancashire has this year experienced an increase of 1.0% (from 86.9% to 87.9%), again this is above the North West and National averages.



It is clear that an improvement has been seen across most of the indicators listed above, both in terms of Lancashire data and the regional and National benchmarks. In 2016/17 the direction of travel for most of the indicators above was generally worsening. It will be interesting to whether Lancashire compares with regional and National data when the 2017/18 comparator data is released (anticipated to be available October 2018).

2.1.2 LSAB Multi-agency dataset

The following tables of information are extracted from the LSAB's multi-agency dataset; this is updated quarterly and a quarterly performance report is received by the LSAB board, highlighting key fluctuations within the dataset. The dataset is modelled against the Care Act Priorities and work continues to ensure the dataset is more reflective of multi-agency safeguarding and the quality assurance, audit and performance sub-group to the board continue to work hard to source meaningful analysis to help explain the data.

Empowerment and Proportionality

Deprivation of Liberties (DoLS)	2015/16	2016/17	2017/18	Comments
DoLS applications received	4432	4256	3425 Reduced	The number of DoLS applications received has reduced by 19.5% from 3425 in 2016/17 to 3425 in 2017/18.
Number of DoLS applications authorised	397	433	495 Increased	The number of DoLS applications authorised has increased by 14.3% from 433 in 2016/17 to 495 in 2017/18.

The LSAB's quality assurance, audit and performance sub-group regularly report data regarding DoLS (Deprivation of Liberties) to board. The board have been concerned throughout 2017/18 regarding the number of DoLS applications that the Local Authority continue to receive, the lack of a timely response, and the number that the team are able to authorise on a quarterly basis. Nationally almost all local authorities struggle to process the volume of DoLs applications and as result the Association of Directors of Adult Services issued guidance around prioritisation of applications with bandings of Red, Amber and Green. In Lancashire the Local Authority are not able to respond in line with this guidance and process only a proportion of the “red” cases. There is still a lengthy backlog of cases, including significant numbers of high priority work. The LSAB has sought assurance from the Local Authority with regards to the prioritisation method used to handle the large number of cases received. Recently the sub-group have spent some time analysing Lancashire's DoLS data in comparison to data for England, regional neighbour and statistical neighbours.

It is anticipated that regular analysis of the DoLS data will need to continue in light of the high number of cases waiting to be processed by the DoLS team and potential safeguarding implications for the individuals concerned.

Partnership and Accountability

The LSAB Quality and Performance sub-group receives Care Quality Commission (CQC) information on a monthly basis. The information received shows CQC rating for all establishments in Lancashire, with North West and National figures included for comparative measures. Data from last year has been included for comparison and illustrates that the proportion of Lancashire establishments graded 'good' is increasing over time, whilst those that are considered to require improvement or are deemed inadequate is falling. This suggests that quality of health and social care establishments graded by CQC is improving across the county. Although there is an increasing improvement, and Lancashire is comparable with regional and national figures, there remains almost a fifth of establishments where services are rated by CQC as requiring improvement or inadequate and Lancashire would want a significant reduction in this position.

CQC Position as of 01/04/2017	CQC Ratings - All establishments					
April 2017 Grade	Lancs.	Lancs. %	North West	NW %	England	Eng. %
Outstanding	17	2.3%	96	2.6%	657	2.3%
Good	543	74.2%	2718	74.8%	22332	78.5%
Requires Improvement	160	21.9%	735	20.2%	4975	17.5%
Inadequate	12	1.6%	87	2.4%	484	1.7%
Total	**732**	**100.0%**	**3636**	**100.0%**	**28448**	**100.0%**
CQC Position as of 01/04/2018	**CQC Ratings - All establishments**					
April 2018 Grade	Lancs.	Lancs. %	North West	NW %	England	Eng %
Outstanding	25	3.3%	129	3.4%	941	3.2%
Good	599	80.0%	3031	79.3%	24072	80.8%
Requires Improvement	118	15.8%	584	15.3%	4328	14.5%
Inadequate	7	0.9%	77	2.0%	441	1.5%
Total	**749**	**100.0%**	**3821**	**100.0%**	**29782**	**100.0%**

As of April 2018 there were a total of 749 establishments in Lancashire that had a CQC rating. At this point in time, 25 (3.3%) were outstanding, 599 (80.0%) were good, 118 (15.8%) required improvement and 7 (0.9%) were inadequate. These figures were comparable with North West and National figures.

Prevention

Fire	15/16	16/17	17/18	Comments
Number of accidental dwelling fires	680	617	718 Worse	718 accidental dwelling fires occurred in Lancashire in 2017/18, this is 16.4% higher than in the previous year when there were 617 accidental dwelling fires.
Number of dwelling fires where no smoke alarm fitted	145	127	136 Worse	In 2017/18 there were 136 dwelling fires in Lancashire where no smoke alarm was fitted. This is broadly comparable with last year where there were fewer ADF's and is the same as 2015/16.
Fire deaths in accidental dwelling fires	4	3	5 Worse	There have been 5 fire related deaths in accidental dwelling fires during 2017/18.
Number of completed home fire safety checks	10,979	8,143	9,223 Increase	The number of completed home fire safety checks undertaken by Lancashire Fire & Rescue has increased by 13.3% from 8,143 to 9,223 in 2017/18.

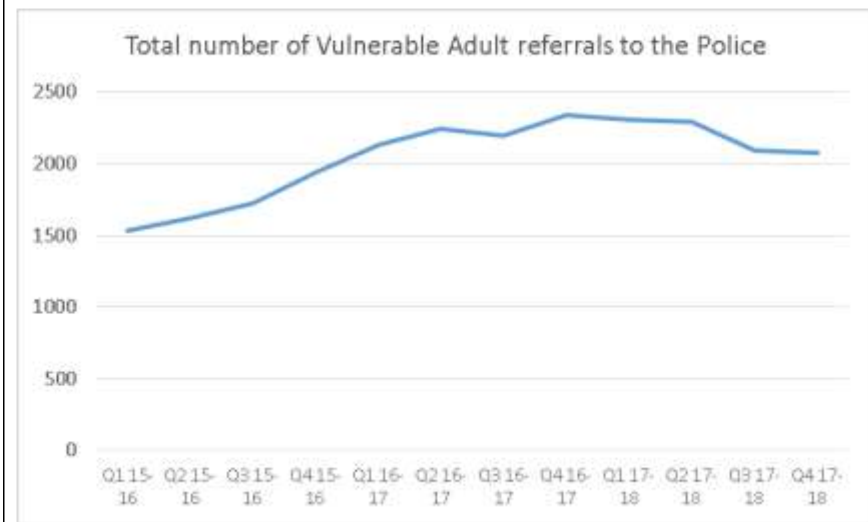
There have been 5 deaths in accidental dwelling fires in 2017/18, whilst this is an increase on the previous year's data, the number of accidental dwelling fires has increased by 16.4%. With regards to the number of completed home fire safety checks, the number conducted in 2017/18 was 9,223, which is a 13.3% higher than the previous year. Lancashire Fire and Rescue service continue to prioritise requests for home fire safety checks based on need and vulnerability.

Safeguarding Adult Reviews (SARs) – these are conducted in response to death or significant harm where abuse and neglect are suspected and multi-agency working has been a concern.									
	2016/17				**2017/18**				
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Comments**
Number of safeguarding adult reviews referred in		4	4	3	2	2	4	4	In 2017/18 the LSAB have received 12 referrals for safeguarding adult reviews. In the previous year, 11 were referred.
Number of safeguarding adult reviews commissioned		1	2	1	1	1	1	1	In 2017/18 the LSAB commissioned 4 safeguarding adult reviews. The same number were commissioned in the previous year.

The quality assurance, audit and performance sub-group receive data from the Safeguarding Adult Review (SAR) sub-group in relation to the number of SAR referrals received and commissioned on a quarterly basis. In addition the key themes and recommendations from SARs are fed through to the quality assurance, audit and performance sub-group in order that we can ensure that the learning from SARs is reflected in the multi-agency dataset and audit priorities.

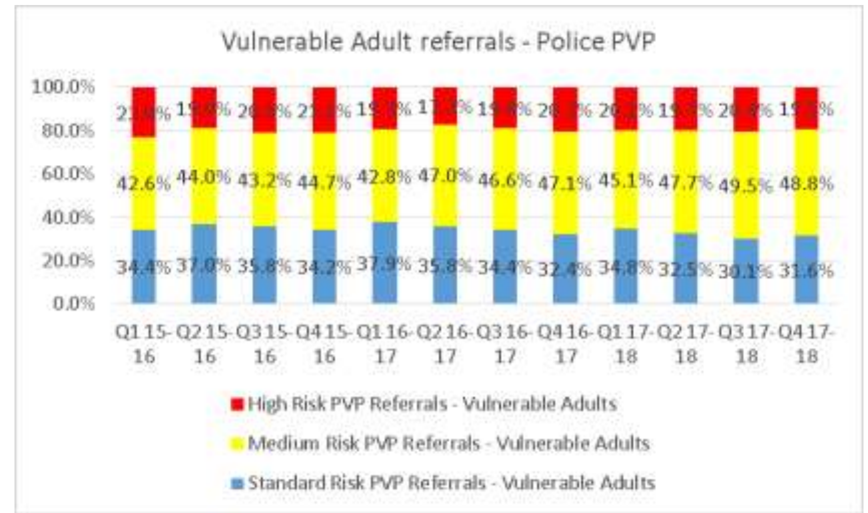
Protection

Police Protecting Vulnerable Person (PVP) referrals	**15/16**	**16/17**	**17/18**	**17/18 diff**	**Comments**
Total PVP referrals – vulnerable adults (VA)	6813	8908	8758	-150 (-1.7%)	The number of PVP referrals for vulnerable adults has reduced by 1.7% from 8908 in 2016/17 to 8758 in 2017/18.
High risk PVP referrals – VA	1429	1688	1746	58 (3.4%)	The number of high risk PVP referrals for vulnerable adults has risen by 3.4% from 1688 referrals in 2016/17 to 1746 in 2017/18.
% High risk PVP referrals - VA	21.0%	18.9%	19.9%	1.0%	In 2017/18 high risk referrals accounted for 19.9% of PVP referrals.
Medium risk PVP referrals – VA	2977	4092	4177	85 (2.1%)	The number of medium risk PVP referrals for vulnerable adults has risen by 2.1% from 4092 in 2016/17 to 4177 in 2017/18.
% Medium risk PVP referrals - VA	43.7%	45.9%	47.7%	1.8%	In 2017/18 medium risk referrals accounted for 47.7% of PVP referrals.
Standard risk PVP referrals – VA	2407	3124	2833	-291 (9.3%)	The number of standard risk PVP referrals for vulnerable adults has risen by 9.3% from 3124 in 2016/17 to 2833 in 2017/18.
% Standard risk PVP referrals - VA	35.3%	35.1%	32.3%	-2.8%	In 2017/18 standard risk referrals accounted for 32.3% of PVP referrals.



Protecting Vulnerable Persons (PVP) referrals are flagged for 'Vulnerable Adults' and are categorised according to risk level (high, medium or standard). The quality assurance, audit and performance sub-group use this data as an indication of the number of Vulnerable Adults which the Police come into contact with.

The data and line graph above illustrate that there are quarterly fluctuations in the number of referrals received by the Police. In the last 12-15 months the number of referrals has plateaued with a slight decrease experienced in quarter 2 of 2017/18.



The bar chart to the left illustrates the risk level associated with the PVP referrals. As indicated by the colours, there is minimal change in the percentage of referrals for each risk level. Broadly speaking, 20% of the PVP referrals received in the quarter are classified as high risk, 50% are medium risk and 30% standard risk.

MARAC	15/16	16/17	17/18	diff	Comments
Total volume of MARAC cases discussed	2179	2140	2401	261 (12.2%)	In 2017/18 there were 2401 MARAC cases discussed. This has reduced by 12.2% compared to the preceding year.
Number of MARAC cases heard that are repeats	635	542	634	92 (16.9%)	Of the 2401MARAC cases heard, 634 were repeat cases.
% MARAC cases heard which are repeats	29.1%	26.2%	26.4%	0.2%	The percentage of MARAC cases heard which are repeats has dropped marginally. In 2017/18 26.4% MARCH cases heard were repeats.

Multi-agency Risk Assessment Conferences (MARAC) take place in respect of high risk domestic abuse cases. Annual data (as above) shows a 12.2% reduction in MARAC cases discussed and a 35.4% reduction in repeat MARAC cases heard. The increase in repeat MARAC cases heard would be expected considering the fact that the total MARAC cases discussed had increased.

Multi-agency Safeguarding Hub referrals (MASH) – the single point of access in Lancashire for all safeguarding concerns across all service areas for adults with care and support needs.					
	16/17	**17/18**	**diff**	**% % diff**	**Comments**
Total MASH referrals received	10761	11341	580	5.4%	In 2017/18, 11341 Adult cases were received by the MASH, this is 5.4% higher than the previous year.

MASH referrals received by source	**16/17**	**17/18**	**diff**	**% diff**	**Comments**
Care Quality Commission	270	231	-39	-14.4%	Of the 11341 referrals received by MASH in 2017/18:- - 44.2% were from social care staff - 27.1% were from health staff - 10.1% were classed as 'other' - 7.8% were from family members Referrals from educations/training/work have increased by 230.8% Self-referrals have increased by 118.8%
Education/training/workplace	13	43	30	230.8%	
Family member	657	889	232	35.3%	
Friend/neighbour	110	146	36	32.7%	
Health staff	2344	3074	730	31.1%	
Housing	123	164	41	33.3%	
Other	1401	1146	-255	-18.2%	
Other Service User	5	7	2	40.0%	
Police	308	457	149	48.4%	
Self-referral	80	175	95	118.8%	
Social Care Staff	5450	5009	-441	-8.1%	

MASH referrals received by abuse type	**16/17**	**17/18**	**diff**	**% diff**	**Comments**
Discriminatory	68	49	-19	-27.9%	In 2017/18, 15011 abuse types were recorded against the MASH referrals received. This figure is higher than the total MASH referrals received since some referrals will have multiple abuse types attributed to them. In comparison with last year, there was an increase of 14.4% in terms of the number of abuse types. The fact that MASH referrals increased by 5.4% implies that a greater proportion of referrals in 2017/18 had multiple abuse types attributed to them.
Domestic Abuse	149	466	317	212.8%	
Emotional/psychological	1795	2751	956	53.3%	
Financial and material	1362	1941	579	42.5%	
Modern slavery	8	22	14	175.0%	
Neglects and acts of omission	4949	5272	323	6.5%	
Organisational	326	151	-175	-53.7%	
Physical	3919	3582	-337	-8.6%	
Self-neglect	107	234	127	118.7%	
Sexual (incl. sexual exploitation)	436	543	107	24.5%	

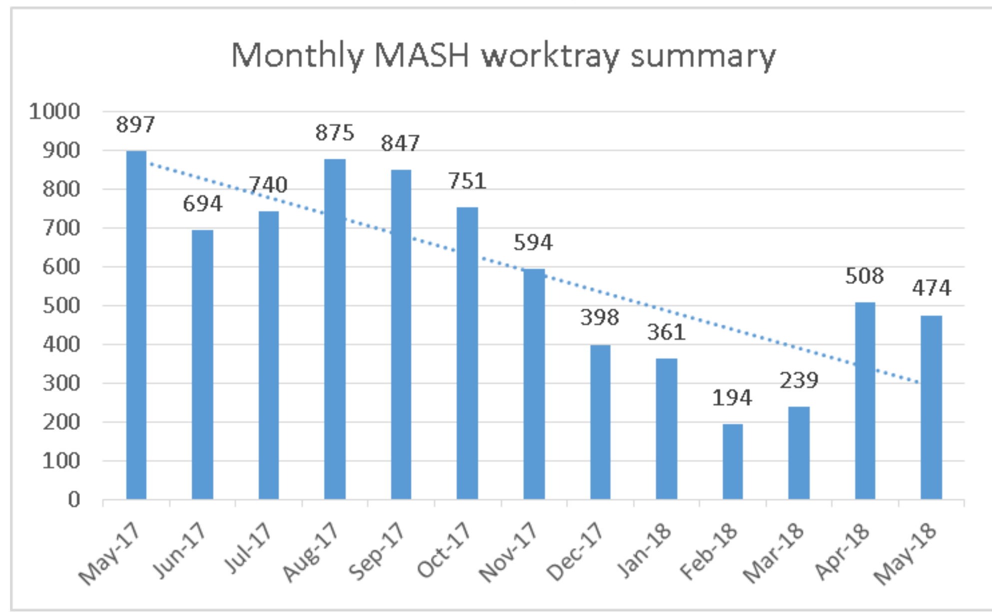
Of the 15011 abuse types recorded by MASH in 2017/18:-
- 35.1% were neglects and acts of omission
- 23.9% were physical abuse
- 18.3% were emotional/psychological abuse
- 12.9% were financial and material abuse

As indicated in the table directly above, 2017/18 has seen an increase in the most abuse types; specifically Domestic Abuse, Modern Slavery and Self-Neglect.

MASH referrals for emotional/psychological abuse have increased by 53.3%, financial and material has increased by 42.5% and MASH referrals for sexual abuse have increased by 24.5%. There has been an 8.6% reduction in MASH referrals for physical abuse and referrals for organisational abuse have more than halved (-53.7%).

MASH Backlog data

In recognition of concerns which were raised last year regarding the length of time taken for a case to be dealt with by MASH, the quality assurance, audit and performance sub-group now receive monthly data detailing the number of cases in the MASH work trays on a set date each month. This information is intended as an indicator of the level of work outstanding within the MASH, it is important to make clear that cases in the 'MASH backlog' will have already been through initial prioritisation in order to ensure that any urgent cases are dealt with in a timely manner. Based also on the fact that high priority cases should be dealt with quickly it is likely that those cases in the work trays are not deemed high priority.



As the graph above shows, there has been a general downward trajectory with regards to the number of cases in the MASH work trays. At the highest point (May 2017), there were 897 cases in the MASH work trays, by February 2018 this had dropped to 194. The sub-group are

currently monitoring the increase which has been since February and will continued to challenge the Local Authority with regards to this information.

Referrals to the Safeguarding Enquiry Team

Referrals to the LCC Adult Care Safeguarding Enquiry Team	15/16	16/17	17/18	diff	% diff	Comments
Number of referrals opened in the reporting period	9842	11481	11006	-1691	-4.1%	In 2017/18, 11006 referrals were opened to the safeguarding enquiry team, this is a decrease of 4.1% compared to the previous year.
Number of repeat referrals opened in the reporting period	No data	2243	3468	1225	54.6%	Of the 11006 referrals opened in 2017/18, 3468 were repeat referrals in the reporting period, which equates to 31.5% of referrals in the year being repeats.
Percentage of all safeguarding enquiries which are repeat referrals	No data	19.5%	31.5%	12.0%		
Individuals for whom a referral was opened in the reporting period	8709	10361	10127	-234	-2.3%	10127 individuals had referrals opened for them in 2017/18, this is a decrease of 2.3% on the previous year. The decrease in the number of individuals is to be expected considering the 4.1% reduction in the referrals opened.
Number of referrals proceeding to an assessment	4027	4632	4322	300	-6.5%	In 2017/18 4322 referrals proceeded to an assessment, this is 6.5% lower than the previous year. There is a correlation between the reduction in the number of referrals opened and the number of proceeding to an assessment, as is demonstrated by the fact that the percentage of referrals proceeding to an assessment remains relatively static at just less than 40% (39.3%).
Percentage of referrals proceeding to an assessment	40.9%	40.3%	39.3%	-1.0%		

Outcome of Safeguarding Enquiries

With regards to the outcome of Safeguarding Enquiries, the following data provides the percentage of safeguarding enquiries resulting in the outcomes listed. 24.7% of safeguarding enquiries resulted in no further action, 22.0% led to increased monitoring and 25.7% had an outcome which is recorded on the system as 'other'. These percentages are very similar to those reported in previous quarters.

The LSAB continue to also receive referral information from the Safeguarding Enquiry Team which breaks down referral information by age, gender, district and referral source. Such

information is provided to the quality assurance, audit and performance sub-group and shared with board as necessary.

Description	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18
% Application to change appointee-ship	0.0%	0.1%	0.1%	0.1%
% Application to Court of Protection	0.1%	0.1%	0.1%	0.2%
% Civil Action	0.0%	0.0%	0.0%	0.0%
% Community Care Assessment & Services	12.1%	11.1%	10.9%	7.0%
% Guardianship/Use of Mental Health Act	0.3%	0.2%	0.5%	0.1%
% Increased Monitoring	23.8%	21.4%	22.0%	21.0%
% Management of access to finances	1.2%	1.1%	1.6%	0.9%
% Moved to Increased/Different Care	4.0%	4.3%	4.9%	5.5%
% No Further Action	31.5%	26.6%	24.7%	31.8%
% Other	19.4%	23.9%	25.7%	13.4%
% Referral to advocacy scheme	0.1%	0.3%	0.1%	0.3%
% Referral to Counselling/Training	0.0%	0.2%	0.0%	0.2%
% Referral to MARAC	0.0%	0.2%	0.0%	0.1%
% Restriction/Management of access to alleged perpetrator	1.1%	1.8%	1.7%	0.8%
% Review of Self Directed Support (IB)	0.0%	0.0%	0.0%	0.0%
% Vulnerable Adult removed from property/service	0.6%	0.4%	0.4%	0.5%
% (blank)	5.6%	8.2%	6.9%	18.0%

2.1.3 Summary

The information within this data supplement provides Lancashire's local background and context and specific data relating to the Health and Social Care needs of vulnerable adults within Lancashire. The demographic detail provides context and demonstrates that Lancashire is a diverse county. The Lancashire population is ageing, with population projections indicating that some districts will see a significant shift in their demographic composition over the next few decades. Changes in population composition will have an impact on those statutory organisations which provide Lancashire residents with services. Deprivation is also a key contributory factor to the population's health and wellbeing and this is seen in varying degrees depending on which district of Lancashire is considered.

The Public Health data presented illustrates that Lancashire has challenges compared to the local authorities that we are benchmarked against, with many indicators in relation to life expectancy showing Lancashire to be RAG rated red. However, Lancashire's current position compared to the previous timeframe does generally show that improvements are occurring. It is pleasing that hospital stays for self-harm and due to alcohol have improved. With regards to the ASCOF survey data, it is noted that the proportion of adults who use services and feel safe has decreased and is now below the North West average.

In terms of local data, the LSAB is now in a stronger position to be able to understand the needs of resident in Lancashire who have care and support needs. The sub-group receive regular data and analyse and challenge this in order to ensure that the board are fully cited on current need and potential areas of concern.

2.2 What do we know about Children in Lancashire?

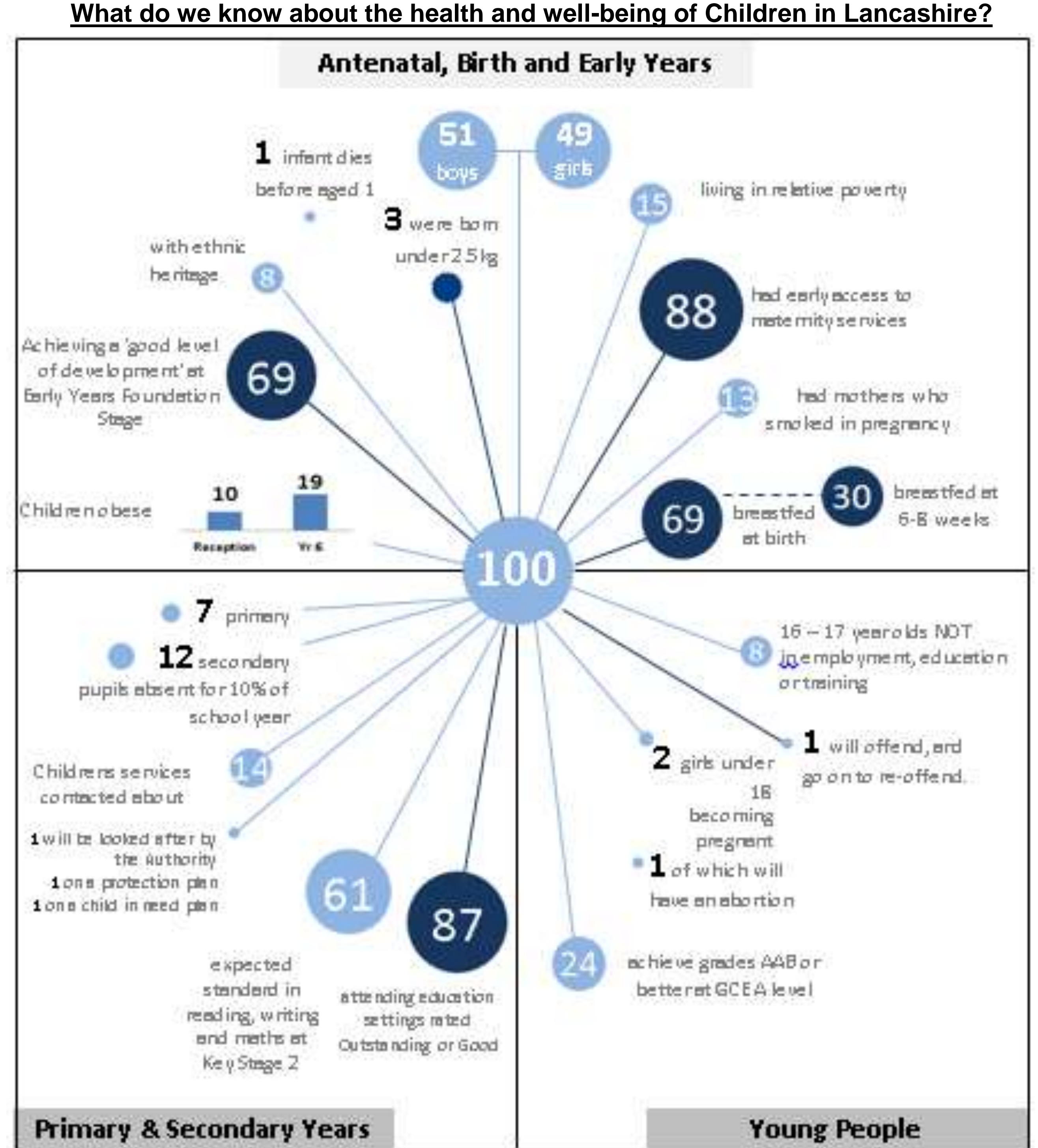
Lancashire has a child population of approximately a quarter of a million (245,516 – 2015 mid-year estimate), this has increased by 0.4% compared to the mid-year estimate for the previous year (245,516 – 2015 mid-year estimate for population aged 0-18). According to the 2016 mid-year estimates 20.6% of the population were children.

The following diagram, provided by LCC Business Intelligence, illustrates the diverse range of needs and demographic factors for children within Lancashire.

If Lancashire were a village of 100 children…

Source: - LCC Business Intelligence, updated April 2018

What do we know about the health and well-being of Children in Lancashire?



The following information is based primarily on the Child Health Profiles (Public Health England) these provide an indication of children's health and wellbeing for each local authority in England; some of these indicators can also be analysed at district level which enables greater local understanding. North West and National benchmark information is also published, which allows for comparisons to be made locally, nationally and over time. Below figures are provided for the Lancashire-12 area, with North West and National comparator data provided also. Data is RAG rated according to the benchmarked information provided by Public Health England, with direction of travel also included which gives an indication of the direction of change compared to the previous time period. As mentioned within the Adult's section of the data supplement above, it is important when considering the information presented to remember that Lancashire is a large area with 12 distinct and diverse districts. Different areas of the county have a different demographic composition and unique local issues to contend with; these should be considered when analysing the child health profiles information for the Lancashire-12 area.

Red = worse, Amber = similar, Green = better
Benchmark RAG – Lancashire compared with the Public Health England benchmark
Direction of Travel – most recent Lancashire data compared with previous
Most recently available data as of June 2018.

Child Health Profiles		England	NW	Lancashire			
				Current	**Previous**	**Direction of Travel**	**Benchmark RAG**
Premature mortality							
1	Infant mortality rate (Rate per 1,000 live births) *2014-2016 data*	3.9	4.5	4.5	4.6	Stable	
2	Child mortality rate (Rate per 100,000 1-17 year olds) *2014-2016 data*	11.6	14.3	16.0	16.8	Better	
Most recently available information in relation to premature mortality is 2014-16 data. Lancashire's Infant Mortality rate is stable; improved by 0.1 from 4.6 to 4.5 per 1000 live births. This matches the North West rate but exceeds the National figure of 3.9 per 1000 live births. Lancashire's Child Mortality Rate has improved from 16.8 to 16.0 per 100,000 of the 1-17 year old population. This improvement is welcomed, though Lancashire is still benchmarked red and a figure of 16.0 for 100,000 is considerably higher than the National and North West figures; 11.6 and 14.3 respectively.							
Wider determinants of ill health							
3	Percentage of children achieving a good level of development at the end of reception	70.7%	67.8	69.4%	69.2%	Stable	
4	Percentage of 16-18 year olds not in education, training or employment (or whose whereabouts are not known) – *new method indicator (2016)*	6.0%	6.6%	8.6%			

5	First Time Entrants to the youth justice system (rate per 100,000 of 10-17 population)	327.1	293.7	228.3	306.0	Better	
6	% of children in low income families (under 16 years)	16.8	16.7	15.6	19.1	Better	
7	Family homelessness (per 1000 households)	1.9	1.0	0.4	0.3	Stable	
8	Children in care (rate per 10,000 of under 18's)	62	86	75	68	Worse	

With regards to the wider determinants of health, the data above indicates that Lancashire is performing better than the benchmark in relation to First Time Entrants to the Youth Justice System and the percentage of children in low income families. The family homelessness rate is stable and remain much lower than the National and North West comparator.

The rate of children in care in Lancashire has worsened, this is supported by local data which shows the children looked after rate continues to increase. Lancashire's rate for children in care remains higher than the National rate but lower than the North West rate.

Health Improvement		**England**	**NW**	**Lancashire**			
				Current	**Previous**	**Direction of Travel**	**Benchmark RAG**
9	Percentage of 4-5 year olds classed as obese	9.6	10.3	9.6	9.3	Worse	
10	Percentage of 10-11 year olds classed as obese	20.0	20.8	18.9	18.9	Stable	
11	Percentage of children (aged 5) with decayed, missing or filled teeth	23.3	33.9	34.0	32.0	Worse	
12	Hospital Admissions due to alcohol specific conditions (rate per 100,000 under 18 year olds)	34.2	49.6	49.8	56.0	Better	
13	Hospital Admissions due to substance misuse (rate per 100,000 15-24 year olds	89.8	131.0	120.3	137.6	Better	

Hospital admissions for children due to alcohol specific conditions has improved for Lancashire compared to the previous year, however the rate per 100,000 still remains much higher than the National figure. Hospital admissions from young people due to substance misuse shows a similar pattern, the Lancashire rate has improved but is still much higher than the National figure.

With regards to the percentage of children in Lancashire considered obese, the percentage of 10-11 year olds considered obese is stable compared to the previous year's data and is also lower than the National and North West percentages; hence Lancashire is benchmarked green.

Dental health is an area which Lancashire score poorly on, the percentage of Lancashire children with decayed, missing or filled teeth has increased and is much higher than the National figure.

Prevalence of ill health							
14	Accident and Emergency attendances for children aged 0-4 (rate per 1000)	601.8	748.3	570.4	564.0	Worse	
15	Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (rate per 10,000)	101.5	136.5	141.6	148.6	Better	
17	Hospital admissions for asthma (under 19 years, rate per 100,000)	202.8	286.4	299.6	342.2	Better	
18	Hospital admissions for mental health conditions (rate per 100,000)	81.5	106.7	108.6	120.6	Better	
19	Hospital admissions as a result of self-harm (10-24 years, rate per 100,000)	404.6	474.0	419.0	549.8	Better	

The rate of Accident and Emergency attendances of children aged 0-4 in Lancashire have increased compared to last year, however in terms of National and North comparisons, Lancashire's rate is considered low.

It is encouraging to note that hospital admissions in terms of unintentional and deliberate injuries, asthma, Mental health conditions and self-harm have all reduced compared to the previous year. Lancashire's benchmark for these indicators shows that there is still a void between Lancashire's figures and the National benchmark. That being said it is positive to see an improvement in the Lancashire data especially since indicators relating to self-harm and mental health were highlighted in last year's Annual Report as areas of challenge for Lancashire.

Despite the improvement evidenced with regards to hospital attendance for self-harm and Mental health, the fact that Lancashire still remains benchmarked red for indicators relating to substance misuse, alcohol, self-harm and mental health implies that there is scope for further attention to be given to these areas.

Source – Public Health England. Child Health Profiles 2018

2.2.1 Safeguarding and supporting children in specific conditions

The information contained within the following table provides annual data for some of the LSCB's key performance indicators relating to supporting children with specific needs/in specific conditions.

Indicator	2015/16	2016/17	2017/18	Comments
Number of Police vulnerable child referrals with a CSE marker	1220	1190	968	The number of vulnerable children referred to the Police with a CSE marker has reduced by 18.7% compared to the previous year. In 2017/18 there were 968 compared with 1190 in 2016/17. The total number of vulnerable child referrals to the Police overall has decreased by 8.3%.

Indicator	2015/16	2016/17	2017/18	Comments
				In 2017/18, 12.5% of the total vulnerable child referrals were flagged for CSE (13.6% in the previous year).
Number of Domestic Violence notifications from Police where a child is recorded to live at the address	8644	10391	10432	In 2017/18 there were 10432 Domestic Violence notifications from the Police where a children was recorded to be living at the address, this is 0.39% higher than the previous year.
The rate of violent and sexual offences against children aged 0-17 per 10,000 of U18 population	160.6	169.7	203.0	The increase in the rate of violent/sexual offences against children has continued. In 2017/18 the rate was 203.0 per 10,000 of the under 18 population, this is an increase of 33.3 compared to the previous year. The rate has almost doubled since 2013/14 (2013/14 rate – 118.1).
Of those cases discussed at MARAC, the number of children in the household	2519	2566	3551	The number of children in the household for MARAC cases discussed has risen by 38.4% from 2566 in 2016/17 to 3551 in 2017/18.
Privately fostered children	26	26	28	The number of Lancashire children identified as privately fostered has remained relatively stable with an increase of 2. Quarterly figures available throughout the year show slight changes in numbers but no definite increasing/decreasing pattern.
CLA placed in Lancashire from other LA (at year end)	986	970	975	There has been a slight increase in the number of looked after children from out of area placed in Lancashire. At 31/03/18 there were 975 out of area children looked after placed in Lancashire. A high proportion of those placed in Lancashire originate from neighbouring local authorities (i.e. Blackburn, Blackpool)
Local Authority Designated Officer Allegations/ Investigations against professionals	496	547	604	There have been 604 LADO Allegations/Investigations in 2017/18, this is a percentage increase of 10.4%
Independent Reviewing Officer Caseloads	92	75	74.6	The IRO caseload average in Lancashire in 2017/18 was 74.6. This is a minimal reduction compared to the previous year's average of 75 cases per IRO.

Children Missing from Home/Care/Education

	2015/16				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Missing from home	411	425	365	362	413	429	394	289
% of children reported missing who were looked after by the local authority	21.8%	20.6%	20.6%	20.8%	23.2%	23.5%	25.1%	30.4%
Approximation of number of looked after children who go missing in the quarter	*90*	*88*	*75*	*76*	*97*	*101*	*99*	*88*
Number of children confirmed as missing from education (not on school roll or receiving alternative provision)	62	64	59	88	95	110	100	58

The number of missing from home episodes has fallen by 2.4%, from 1563 in 2016/17 to 1525 in 2017/18, although this is a reduction; it is less noticeable than the 24.3% reduction reported last year. There is an increasing percentage of looked after children being reported missing, with 30.4% of those missing from home in Q4 of 2017/18 being looked after; in the same period in 2016/17, 20.8% were looked after.

Information from the children missing from education team confirms that there were 363 children missing from education in 2017/18, this is 32.9% higher than the previous year. This increase is in addition to the 22.4% increase reported last year. It is anticipated that some of this increase is attributable to improved recording of children missing from education, which had led to more accurate reporting.

Referrals to Children's Social Care

Referrals to Children's Social Care refers to the number of referrals which are accepted by Children's Social Care. In 2017/18, the number of referrals accepted by Children's Social Care increased by 4.3% from 9907 in 2016/17 to 10337 in 2017/18. This translates to a rate of 419.4 per 10,000 of the child population in Lancashire.

	2013/14	2014/15	2015/16	2016/17	2017/18
Lancashire (number)	19460	12394	12156	9907	10337
Lancashire (rate per 10,000 child population)	799.2	506.4	495.1	412.5	419.4

Data for the last 3 years indicates that referrals to Children's Social Care have been on a downward trajectory, however there are monthly fluctuations and variations between districts in numbers and rate. Burnley district consistently has the highest rate of referrals to Children's Social Care.

Repeat Referrals

The table below shows the percentage of referrals that were repeat referrals to Children's Social Care. A repeat referral is defined as a referral which is received within 12 months of the initial referral. The repeat referral rate in 2017/18 is 19.0% which is 0.1% lower than the previous year.

	2013/14	2014/15	2015/16	2016/17	2017/18
% Re-referrals	15.1%	15.7%	15.7%	19.1%	19.0%

Monthly data for this indicator shows the percentage of repeat referrals on a very slight upwards trajectory through 2016/17, with monthly variations evident. The fact that the rate of repeat referrals has not increased by the same percentage as the overall increase in referrals to Children's Social Care over the last 12 months may imply that Children's Social Care's referrals are more likely to be new cases (i.e. those which haven't been referred in the previous 12 months).

Percentage of assessments completed to timescale

	2013/14	2014/15	2015/16	2016/17	2017/18
Lancashire	96.1%	79.8%	73.2%	75.0%	75.0%
North West	85.1%	82.2%	83.3%	80.9%	Published Nov 18
England	82.2%	81.5%	83.4%	82.9%	Published Nov 18

75.0% of Lancashire's single assessments were completed within timescales (45 working day target); this indicator has remained static. Based on last year's North West and National averages for 2016/17, Lancashire's percentage of assessments completed to timescale remain consistently below the regional and national figures.

Children in Need (per 10,000 of the child population)

	2013/14	2014/15	2015/16	2016/17	2017/18
Lancashire (number)	9,034	8,534	9,316	8,377	Published Nov 18
Lancashire (rate per 10K)	371.5	348.7	380.1	342.3	Published Nov 18
England	346.4	337.3	337.7	330.4	Published Nov 18

The Lancashire number of Children in Need for 2017/18 has not yet been published. Last year's Lancashire rate was 342.3 per 10,000, this is higher than the National rate for 2016/17. As the above data indicates, Lancashire's Children in Need rate is consistently higher than the National rate.

Children subject to a Child Protection Plan (per 10,000 of the child population)

Children subject to a Child Protection Plan								
Area	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Lancashire rate	27	23	36	44.4	38.9	59.0	57.0	50.4
England Rate	39	38	38	40	42.1	42.9	43.3	Published Nov 18

In 2017/18, the rate of children subject to a Child Protection Plan was 50.4, this rate has decreased by 6.6 compared to the previous year (2016/17 Lancashire rate was 57.0). The Lancashire rate is

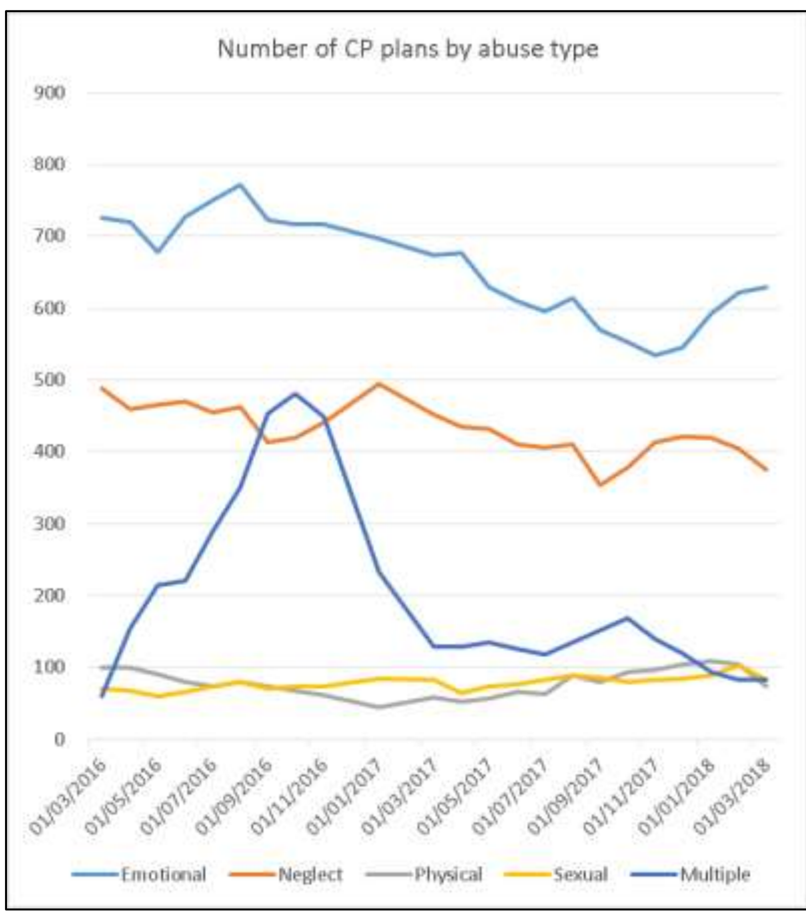
above the 2016/17 National rate, as has been the case since 2015/16. Monthly data for Lancashire's child protection plan rate has been decreasing over the last 18 months.

The reason for a child being subject to a Child Protection Plan is categorised by need and recorded under the following headings: Neglect; Physical Abuse, Sexual Abuse, Emotional Abuse or Multiple Categories. Data to explore this further is included below.

Child Protection Plans by Abuse Type

Lancashire Percentage	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple Categories
2014	40%	11.9%	4.1%	34.6%	9.3%
2015	34%	6.1%	2.5%	48.8%	8.8%
2016	33.8%	6.9%	4.9%	50.3%	4.1%
2017	32.4%	4.2%	6.0%	48.3%	9.3%
2018	30.2%	5.9%	6.7%	50.6%	6.7%

Most recently available data (March 2018) is presented in the table above. In the graph below, there is the monthly breakdown for the previous 2 years which shows fluctuating percentages for each of the abuse types. It is of note that Emotional Abuse is consistently the most prominent, however in 2014, Neglect was the most widespread abuse type with 40% of child protection plans occurring for this reason.



With regards to the monthly data for the last 2 years, emotional abuse remains the most prominent, closely followed by neglect. Physical abuse, sexual abuse and those child protection plans which have multiple abuse types attributed account for 6-7% of the total.

The option of 'multiple abuse types', inevitably means that the data does not give us a full picture of the prominence for each abuse type. It would be interesting to investigate whether there are any specific abuse types which are commonly grouped together under the heading of multiple. This is something which the Intra-familial Sexual Abuse task and finish group have been interested in, with regards to trying to ascertain meaningful data in respect of intra-familial sexual abuse within Lancashire. This group reported back to

the LSCB board during 2017 and the task and finish group has recently been reconvened to consider this subject and investigate further the recording issues surrounding intra-familial sexual abuse.

Child Protection Plans Lasting Two Years or More

This measure highlights the complexity of Child Protection cases held by the Local Authority and provides an indication of whether children or young people and their families are receiving the services they need in order to make required changes in a timely fashion. This measure is of interest to the LSCB because if a child is deemed to require support via a Child Protection Plan for an extended period of time, this may indicate a lack of targeted and effective support and may imply drift within cases. In 2017/18, 4.9% of the Child Protection Plans were lasting 2 years or more, this has increased from 2.9% in 2016/17. Lancashire's most recent rate for this indicator is above the previous year National figure of 3.4%.

Area	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Lancashire rate	4.8%	4.4%	2.4%	1.2%	3.0%	3.7%	2.9%	4.9%
England Rate	6.0%	6.0%	5.2%	3.5%	2.6%	3.7%	3.4%	Published Nov 18

Children Looked After (CLA)

At 2017/18 year end Lancashire had responsibility for 1968 Lancashire looked after children, this equates to a rate of 79.7 per 10,000. This is a 5.6% increase in the number of looked after children compared to the previous year. (2016/17 – 1864 Lancashire looked after children). Assuming that the regional and national averages don't alter drastically from previous years (current benchmarks not yet available), Lancashire's CLA rate looks to remain above the national average and below the North West average.

Rate of CLA	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Lancashire rate	53	54	60.9	66.3	67.2	69.1	75.9	79.7
North West Rate	77	76	79	78	81	82	86	Published Nov 18
England Rate	59	59	60	60	60	60	62	Published Nov 18

In addition, there are almost 1000 looked after children from other local authorities placed in Lancashire, residing in Private/Independent Children's Homes or with foster carers; 975 looked after children from out of area placed in Lancashire at 2017/18 year end, many of whom originate from neighbouring local authorities (including the unitary areas of Blackpool and Blackburn with Darwen).

Social Worker Caseloads

The following table shows the average social worker caseloads within Children's Social Care by month and level of social worker experience. The colour coding is provided for the Ofsted Improvement Board in order to indicate whether the caseload level meets the internally set acceptable caseload level for each experience band.

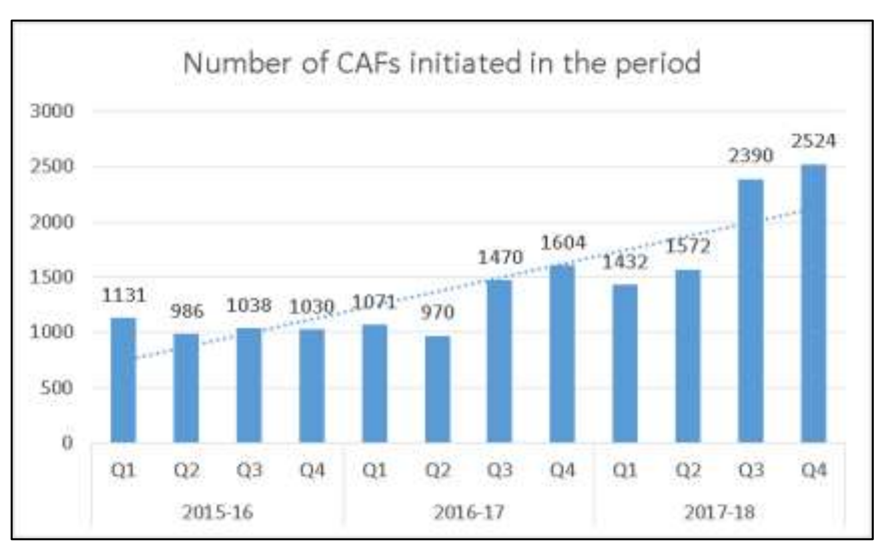
Whilst the table indicates that caseloads have continued to increase across all level of experience, it is generally accepted that these levels are below those of neighbouring local authorities.

Experience	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NQSW	17.8	20.3	19.5	19.7	19.3	19.1	19.5	19.5	19.3	20.3	20.9	20.8
1-2 years	19.1	20.9	20.8	21.4	21.1	19.8	21.5	22.2	23.6	22.9	23.5	24.6
2-3 years	20.6	20	20.1	19.9	21.1	21	22.7	21.4	22.7	22.5	22.5	23.6
3-5 years	20.1	20.2	20	21.4	20.8	20.1	22.1	23.1	19.5	22.1	18.2	17.9
5 years +	23.1	22.7	22.5	21.4	21.2	21.8	26.3	24.4	23.1	24.2	20.2	24.5
Grand Total	**19.1**	**20.6**	**20.2**	**20.5**	**20.3**	**19.8**	**21.1**	21.1	21.7	21.9	21.6	22.5

Early Help

Early Help	**2016/17**				**2017/18**			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Number of CAFs initiated in the period	1071	970	1470	1604	1432	1572	2390	2524
Number of CAFs open (including SEN) at period end	8510	8041	9253	9285	9234	9360	5720	6097
% of CAFs closed in period due to 'needs met'	57%	64%	60%	64%	62%	66%	71%	62%
% of CAFs closed in period due to escalation to statutory assessment	18%	16%	11%	12%	14%	14%	11%	11%
CAFs closed due to non-engagement				11%	12%	14%	13%	21%

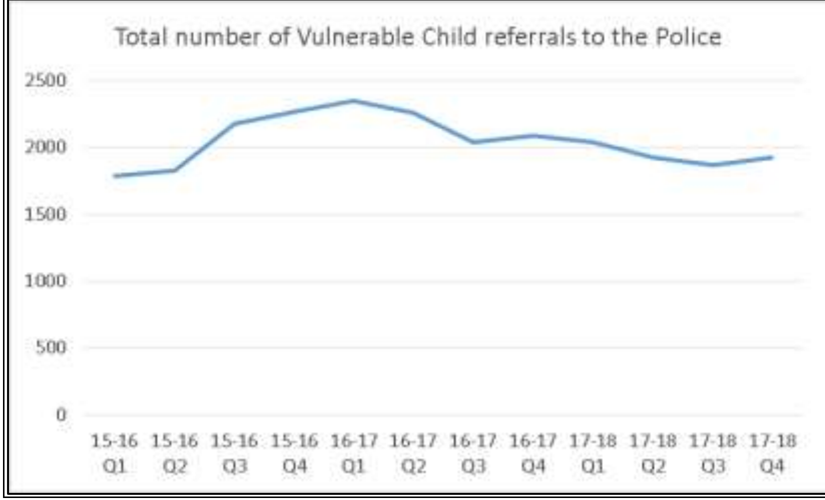
The Common Assessment Framework (CAF) is an assessment and early help framework for children and families in need of help. During 2017/18 a total of 7,918 CAF assessments were initiated, this is an increase of 54.8% on the previous year when 5,115 CAFs were initiated. This increase has been attributed to the promotional activity which the Children and Family Wellbeing service have undertaken (including ensuring agencies know about the services they can offer). The Children and Family wellbeing service continued to encourage the use of CAF, and every case open to them has to have a CAF (or CSC assessment). Additionally, district teams have been promoting the use of CAF.



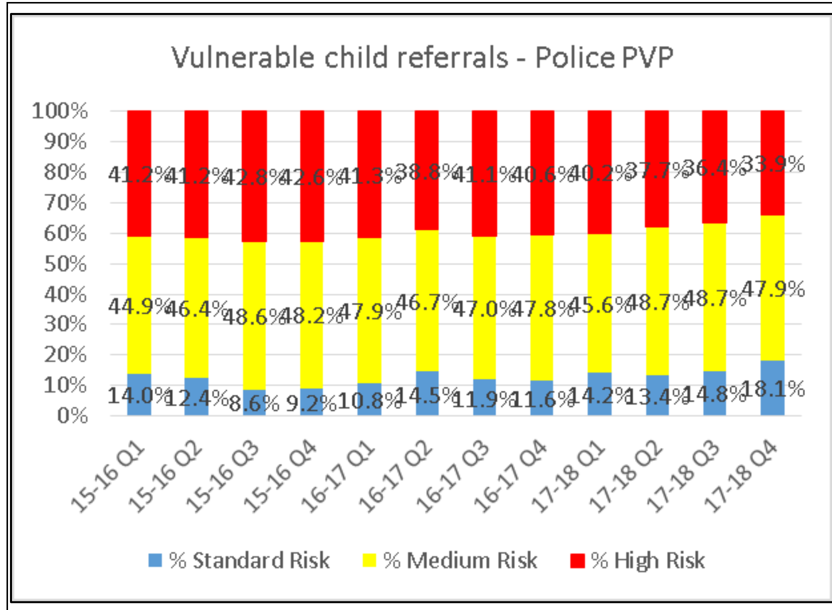
The number of CAFs open at the end of each quarter (including SEN) in 2017/18 peaked at 9360 in quarter 2, but then dropped in quarter 3 to 5720. At the end of 2017/18 (i.e. quarter 4), there were 6097 CAFs open. The reduction in the number of open CAFs has occurred as a result of the Children and Family Wellbeing service implementing a new archiving system. CAFs that have been 'open' for more than 2 years but with no interaction with the database have been archived. This means that the number of CAFs open now is a more accurate reflection of ongoing current CAF numbers.

Police Data – Protecting Vulnerable Persons - Child (PVP - VC) referrals

	15/16	16/17	17/18	diff	Comments
Total PVP referrals – vulnerable children (VC)	8067	8738	7749	- 989	The number of PVP referrals for vulnerable children has decreased by 11.3% from 8738 in 2016/17 to 7749 in 2017/18.
High risk PVP referrals – VC	3391	3535	2877	- 658 *(-18.6%)*	The number of high risk PVP referrals for vulnerable children has fallen by 18.6% from 3535 in 2016/17 to 2877 in 2017/18.
% VC PVP referrals flagged as high risk	42.0%	40.5%	37.1%	-3.4%	In 2017/18 high risk referrals accounted for 37.1% of all PVP referrals for vulnerable children.
Medium risk PVP referrals – VC	3804	4139	3695	-444 *(-10.7%)*	The number of medium risk PVP referrals for vulnerable children has fallen by 10.7% from 4139 in 2016/17 to 3695 in 2017/18.
% VC PVP referrals flagged as medium risk	47.2%	47.4%	47.7%	0.3%	In 2017/18 medium risk referrals accounted for 47.7% of all PVP referrals for vulnerable children.
Standard risk PVP referrals – VC	872	1064	1173	10.2%	The number of standard risk PVP referrals for vulnerable children has risen by 10.2% from 1064 in 2016/17 to 1173 in 2017/18.
% VC PVP referrals flagged as standard risk	10.8%	12.2%	15.1%	(2.9%)	In 2017/18 standard risk referrals accounted for 15.1% of all PVP referrals for vulnerable children.



As is demonstrated by the line chart to the side, there are quarterly fluctuations in the total number of vulnerable children referrals received by the Police, since Q1 2016/17, the number of referrals has been declining.



This second graph indicates the split in terms of risk level for those PVP referrals received over the last 12 quarters (3 years). Although the proportions for each risk level are relatively static, there does seem to be a marginal increase in those considered standard risk and a comparable decrease in those classified as high.

2.2.2 Summary

The figures reported above demonstrate the extent to which children in Lancashire are in need of support and protection. The data needs to be considered alongside the demographic overview analysed above, especially with regards to issues such as deprivation and population composition. Lancashire agencies face a constant challenge to ensure that they are able to provide services which meet the needs of children and young people in need of help and support.

The quality and performance sub-group will continue to have oversight of multi-agency performance indicators, reporting these to board on a regular basis in order to ensure that the LSCB is fully cited on current need and provision of support in Lancashire overall and within each specific district.

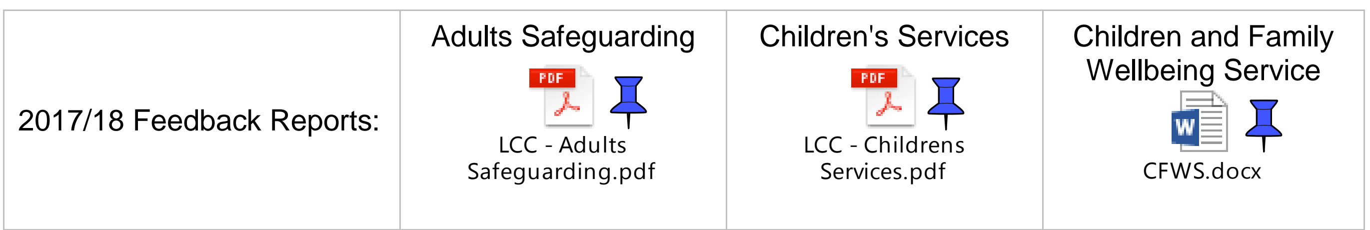
3. What do we know about services in Lancashire and their effectiveness?

3.1 Member agencies

The Boards request submission of information about the quality of safeguarding in its member agencies either via external inspection activity or through direct annual feedback. The feedback reports embedded below have been presented to the Board to reflect the work undertaken by the agencies during 2017/18.

Lancashire County Council provides support for vulnerable adults, children and their families through direct services from: Adults Social Care; Adults Disability Service; Domiciliary Care; Older People Services (residential and day care); Public Health services; Children's Social Care; Children and Family Wellbeing Service; Schools and specific support for children involved in the criminal justice system via the Youth Offending Team (YOT).

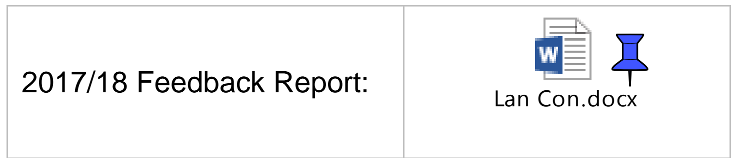
The Local Authority has strong representation on LSAB and LSCB and its sub groups, with regular attendance. Three of the LSAB sub groups are chaired by LCC Board members: Practice with Providers; Safeguarding Adults Leadership Group; Policies and Procedures.



2017/18 Feedback Reports:	Adults Safeguarding	Children's Services	Children and Family Wellbeing Service
	LCC - Adults Safeguarding.pdf	LCC - Childrens Services.pdf	CFWS.docx

Lancashire Constabulary covers the former county area which includes Lancashire County Council, Blackburn with Darwen and Blackpool, delivering its services through three divisions (East, West and South). It provides direct policing across the county and is fully engaged in partnership safeguarding services as part of the Child Sexual Exploitation teams, Multi-agency Safeguarding Hub, Multi-Agency Risk Assessment Conferences and Multi-agency Public Protection Arrangements. Increasingly the force has been moving its focus towards early action and preventative policing.

Lancashire Constabulary is represented on the LSAB and LSCB and its sub groups, with a representative chairing the Lancashire CSE Operational Group during 2017/18.

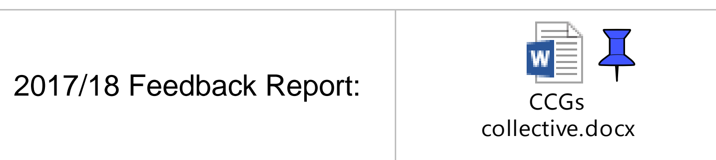


2017/18 Feedback Report:	Lan Con.docx

Six **Clinical Commissioning Groups** (CCGs) operate across Lancashire and are responsible for commissioning most hospital and community healthcare services. From April 2015 co-commissioning arrangements were brought in which involves CCGs in the commissioning of primary care services. The 6 CCGs in Lancashire are:

- Fylde and Wyre CCG
- Chorley and South Ribble CCG
- Morecambe Bay CCG
- Greater Preston CCG
- East Lancashire GGG
- West Lancashire CCG

All CCGs are well represented on both Boards, attending regularly. A number of our sub groups are Chaired by CCG representatives: LSAB/LSCB Learning and Development Groups; Safeguarding Adult Review (SAR)/ Serious Case Review (SCR) Groups; and Mental Capacity Act (MCA) Implementation Sub Group.



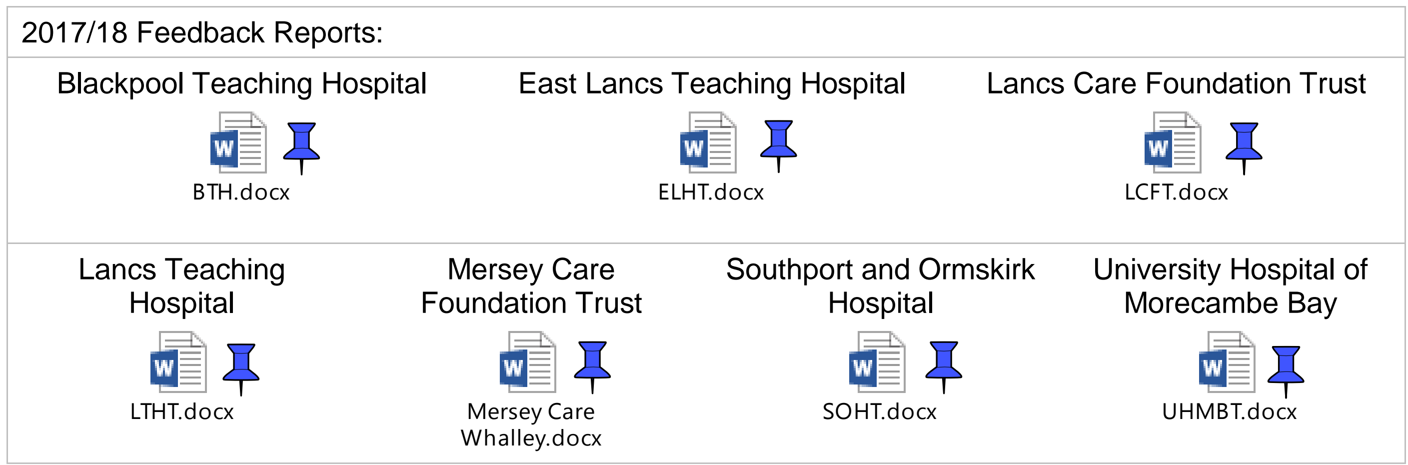
2017/18 Feedback Report:	CCGs collective.docx

Seven **NHS Hospital Trusts** provide a range of community and acute services for children and vulnerable adults. The NHS provider trusts that serve the Lancashire area as follows:

- Blackpool Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospital Trust
- Lancashire Care NHS Foundation Trust
- Lancashire Teaching Hospitals Foundation Trust
- Mersey Care NHS Foundation Trust
- Southport and Ormskirk Hospital Trust
- University Hospital Morecambe Bay NHS Foundation Trust

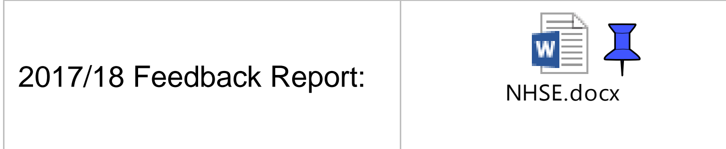
Lancashire Care Foundation Trust provides inpatient Mental Health; Community Mental Health Services, and Adult and Child Health and Wellbeing Community Services.

With the exception of Mersey Care, all Trusts are represented on the LSCB and attend on a regular basis. The representative for East Lancashire Hospital Trust is the Chair of the LSCB QAPI Sub Group. East Lancashire Teaching Hospitals, Lancashire Care Foundation Trust; Lancashire Teaching Hospitals; Mersey Care, and University Hospital of Morecambe Bay are all represented on the LSAB.



2017/18 Feedback Reports:			
Blackpool Teaching Hospital BTH.docx	East Lancs Teaching Hospital ELHT.docx	Lancs Care Foundation Trust LCFT.docx	
Lancs Teaching Hospital LTHT.docx	Mersey Care Foundation Trust Mersey Care Whalley.docx	Southport and Ormskirk Hospital SOHT.docx	University Hospital of Morecambe Bay UHMBT.docx

NHS England: NHS England leads the National Health Service (NHS) in England, setting the priorities and direction of the NHS, encouraging and informing the national debate to improve health and care. NHS England North is one of five regional teams that support the commissioning of high quality services and directly commission primary care and specialised services. The North regional team covers Yorkshire and The Humber, the North-West and the North-East of England. NHS England North is represented on both Boards and actively engages with our workstreams

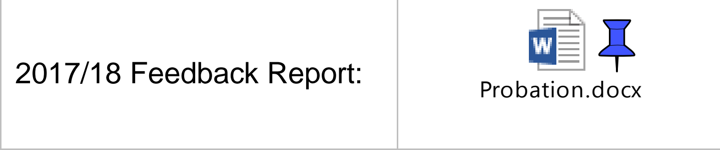


2017/18 Feedback Report:	NHSE.docx

Lancashire Probation Trust (now: HM Prison and Probation Service) – The specific duties of the National Probation Service (NPS) are: to provide advice to Courts and deliver pre-sentence assessments; management of all high risk of serious harm offenders; management of all offenders sentenced to 12 months or more for a serious sexual or violent offence; and the management of all offenders who are subject to statutory supervision and are registered sex offenders.

Public protection, including safeguarding children and vulnerable adults is a key priority and thorough and robust safeguarding arrangements are in place. The service work closely with other agencies and make necessary checks and referrals at pre-sentence stage and throughout our period of contact. In Lancashire the service currently supervises around 3,440 cases, predominantly violent and sexual offenders with a high number of domestic violent offenders.

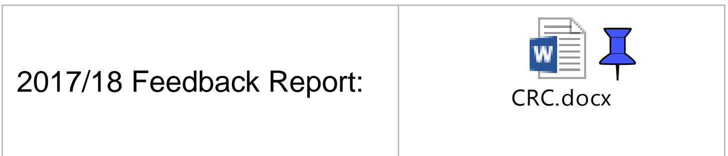
The Probation service is represented on both the LSAB and LSCB, attending regularly and engaging in work of the sub groups and task and finish approaches.



2017/18 Feedback Report:	Probation.docx

Cumbria and Lancashire Community Rehabilitation Company (CLCRC) delivers offender management and rehabilitation services to offenders assessed as presenting a low and medium risk of serious harm. These could be serving community sentences or be sentenced to custody in which case CLCRC will be involved in their rehabilitation both inside prison and in supervising the post release licence. CLCRC delivers a range of programmes to help rehabilitate offenders by providing access to learning new skills, changing and challenging offenders thought processes and managing risky behaviour. In particular, and central to safeguarding, CLCRC delivers 2 specific domestic abuse programmes in addition to modules to address emotional resilience, conflict resolution and stress resilience.

CLCRC is represented on both the LSAB and LSCB with regular attendance and engagement with various workstreams.



2017/18 Feedback Report:	CRC.docx

Children and Family Court Advisory and Support Service (Cafcass) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and families.

Cafcass is represented on the LSCB, attending on a regular basis.

2017/18 Feedback Report:	CAFCASS.docx

The Children's Society is a charity organisation which provides support and services for 10 to 18 year olds who are especially vulnerable and often experiencing severe and multiple disadvantage. The charity is represented on the LSCB, providing a voice and perspective for the Voluntary Sector.

2017/18 Feedback Report:	TCS.docx

Lancashire Fire and Rescue Service (LFRS) delivers Prevention, Protection and Response functions across the county of Lancashire, employing staff in a variety of roles operating from 39 operational bases. The service works extensively with partner organisations to allow for a more efficient and effective delivery in order to keep the residents of Lancashire safe.

LFRS joined the membership of both Boards during the reporting year, attending regularly and engaging with various pieces of work.

2017/18 Feedback Report:	LFRS.docx

There are 12 **District Councils** providing services across the county. All 12 have a nominated safeguarding lead and ensure staff are appropriately trained in respect of safeguarding issues.

Engagement with the Districts has improved further over the reporting year. The Business Manager and Business Coordinators attend meetings of the District Safeguarding Leads (DSLs), and in October 2017, the LSCB facilitated a safeguarding awareness and section 11 feedback session with the DSLs. The aim of the event was to provide district councils with an overview of the Boards; discuss the communication and connections between the Boards and the District Councils; share information regarding case review processes and learning from recent reviews; and provide feedback on the Section 11 returns with an opportunity for review and reflection. All but one of the 12 districts were in attendance at the event, and some positive actions were agreed in order to support district councils in their safeguarding responsibilities.

The actions formed part of a 90 day action plan around the themes below. We're happy to report that good progress has been made in each area and we will continue to make improvements in communication and engagements with the 12 districts.

- Improvements to District Council Section 11 submissions
- Improved understanding of District Council's safeguarding responsibilities
- Improved Engagement and Communication between District Councils and the Safeguarding Boards (Children's and Adult's)
- Improved Engagement and Communication between District Councils and Statutory agencies

The District Councils have historically been represented by one Chief Executive on the LSCB, and has more recently been added to the membership of the LSAB. The current representative is the Chief Executive for Wyre Council, who provides feedback to the other Districts via the Chief Executives Group, and Chairs the Pan-Lancashire Communication & Engagement Sub Group.

Three District Councils have shared their achievements and challenges from the reporting year.

	Wyre Council	South Ribble Borough Council	Pendle Borough Council
2017/18 Feedback Report:	Wyre Council.docx	South Ribble BC.docx	Pendle BC.docx

Schools – There are over 600 mainstream schools (including 29 special schools and 9 short stay schools) of which currently only 11 have been judged to be inadequate as at March 2018. There are also a significant number of schools and organisations providing education outside the public sector. The LSCB is notified if a school is judge to be inadequate in respect of safeguarding when inspected by Ofsted and liaises with the local authority to ensure appropriate steps are taken. Data provided by Ofsted suggests 92.7% of Primary Schools and 75% of Secondary Schools were rated as Good or Outstanding as at March 2018.

Education providers are represented on the LSCB via a Primary School Head teacher; Secondary School Head teacher; Lancashire Association of School Governors; and a representative from Further Education.

During 2017/18, the LSCB commissioned a piece of work in order to improve the interface between schools and multi-agency partners. The project is making good progress which is detailed under section 5.4.2

Healthwatch Lancashire is the public voice for health and social care in Lancashire and exists to make services work for the people who use them.

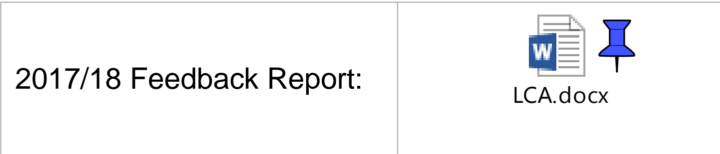
The Chief Executive represents the organisation on the LSAB.

Lancashire Police and Crime Commissioner (PCC) is responsible for the provision of services for victims of crime (Lancashire Victim Services) and also acts as the lead commissioner for support services for victims of domestic abuse. The support for victims of crime includes a dedicated service offering support to children and young people, delivered under the NEST Lancashire brand, which includes supporting those affected by domestic abuse, sexual abuse and sexual exploitation.

Lancashire Care Association (LCA) is a not-for-profit company representing independent care sector providers (private and third sector; larger groups and small independents; adults and older people care homes and domiciliary care.) LCA supports providers in ensuring the provision of safe

services; quality, performance and inspection monitoring; and partnership working through the Health and Social Care Partnership.

The LCA is represented on the LSAB and a number of its sub groups and task and finish groups to offer a 'provider' voice in safeguarding arrangements.



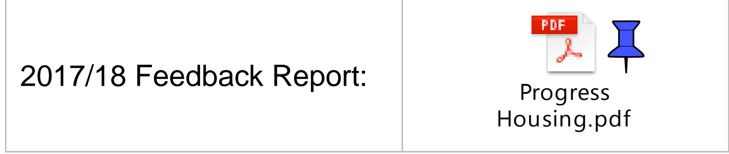
2017/18 Feedback Report:	LCA.docx

North West Ambulance Service (NWAS) provides 24 hour, 365 days a year accident and emergency services to those in need of emergency medical treatment and transport in Cumbria and Lancashire; Cheshire and Merseyside; and Greater Manchester. Employing over 4,900 staff across the North West region, the service provides emergency response; transport for patients attending hospital appointments; and deals with major incidents. NWAS also delivers the NHS 111 service in the North West.

NWAS are currently compiling an annual report for thee geographical footprint which will be shared with the 46 LSABs and LSCBs in the area on completion.

Private/Independent Sector Providers – There is a wide range of community support services available across Lancashire, including drug and alcohol services, sexual health services and domestic abuse services.

Housing providers – the area is supported by a wide range of private providers, Registered Social Landlords (RSLs), hospices and hostels, sheltered housing provision and local authority housing provide accommodation across the County. Progress Housing represent the sector on the LSAB.



2017/18 Feedback Report:	Progress Housing.pdf

There are over **100 children's homes** in the County with a high percentage of private providers. Many of the children placed are out of area placements. The LSCB receives notification of any provider that is judged to be inadequate by Ofsted with regard to safeguarding.

660 **child minders** provide day care across the County along with, 342 **day nurseries** and **124 pre-school play groups**. As at March 2018, there were 2 Child Minders to have been judged inadequate.

The Board itself exercises challenge and scrutiny of agencies using a number of mechanisms for assessing the quality of local services and agencies commitment to safeguarding. These include:

3.2 Section 11 Audit Process:

Section 11 of the Children Act 2004 sets out agencies responsibilities in respect of safeguarding children and the LSCB conducts an annual audit of all member agencies safeguarding arrangements. The section 11 audit tool has been updated in recent years to encourage agencies to consider their safeguarding arrangements specifically in relation to training for counter terrorism and child sexual exploitation, and to demonstrate how they respond to learning raised through Serious Case Reviews.

In last year's annual report, we reported that the LSAB Quality Assurance, Audit and Performance (QAAP) Sub Group was in the processes of identifying ways to mirror the s11 process in order to gain assurances that adults with care and support needs are appropriately safeguarding. This year we can report that the process was successful and the existing s11 tool was amended to enable the collection of information regarding all-age safeguarding.

Once completed, the audit tool provides the board with assurance that all agencies have the necessary arrangements in place to safeguard adults and children effectively.

3.2.1 Quality Assurance

During the reporting year, quality assurance processes have been made more robust in relation to S11s, in order to provide more effective, constructive challenge. A desk based quality assurance exercise of 2016/17 returns was undertaken to determine whether the level of detail in S11 returns met minimum requirements, as set out in the audit tool. This piece of work was undertaken by QAPI members who worked in pairs to provide critical challenge and reflection for all agencies who submitted a S11 return. Feedback was given to individual agencies with regard to their returns, and an offer of support was made if they felt it necessary. Some common themes were drawn from the quality assurance exercise and a "Top Tips" document was created based on those themes in order to achieve a more standardised approach in future. In addition, the quality assurance exercise allowed the business unit opportunity to learn from the process and find ways to promote consistent quality within future annual returns.

Following the desk based audit, challenge events were offered to four agencies as an opportunity to further explore some of the themes to come from their returns. These agencies were District Councils collectively; NHS England; Fylde and Wyre Clinical Commissioning Group; and North West Ambulance Service. Although North West Ambulance Service were asked to participate, the service declined having undertaken a similar process in Blackpool two years previously.

3.2.2 2017/18 Returns

Agencies have made submissions for the 2017/18 audit collection. Returns are currently being compiled and analysed, and will inform a summary report to be presented to both Boards in the coming months.

3.3 Thematic Audits

3.3.1 S47 Re-Audit

Last year, we reported on an audit completed with regard to child protection (S47) investigations, following areas of concern being highlighted by Ofsted. The original audit identified some issues in respect of timeliness of strategy meetings; recording strategy meetings; multi-agency engagement; and post-qualification experience of allocated social workers. Recommendations were made against each area, and an action plan was developed to address each recommendation which was completed and signed off, however it was agreed that a re-audit would take place late 2017.

The audit was repeated in December 2017, to determine whether progress had been made against the recommendations. This was completed with the same staff members and very similar process to the original audit. The findings of the re-audit clearly demonstrate that improvements have been made in relation to multi-agency engagement and recording of strategy discussions and the LSCB is satisfied that no further re-audit is needed at this stage.

In regard to the experience of social workers, it is acknowledged that recruitment and retention of staff will continue to create instances where newly qualified staff are involved in the S47 process, however the audit findings demonstrate a vast improvement in experience levels. Findings identified some issues where multi-agency involvement is difficult when a strategy discussion takes place 'out of hours' however the cases analysed display evidence of information being sought and responded to appropriately

3.3.2 Cannabis

A number of recent Serious Case Reviews (SCRs) identified key issues around the impact of use of cannabis on parenting, and practitioner awareness of the potential risks and their ability to effectively challenge parents during assessments. The LSCB agreed to allocate some capacity to address these issues and explore the development of a campaign to increase awareness, recognise the risks, and equip practitioners with the knowledge and skills to challenge appropriately.

In order to identify the most effective action to address the above, it was agreed to undertake a survey of practitioners in order to gain an understanding of the level of awareness already held in relation to the issues raised, specifically the risks and effects that cannabis usage can pose, and the likelihood of agencies challenging parental attitude towards drugs and the impact use has on their parenting ability.

An online survey was created, via Survey Monkey, around the issues outlined above and received over 500 responses from multi-agency practitioners. The findings of the survey were presented to Board members via a detailed report, supported by a number of recommendations in relation to awareness raising and training amongst agencies. The recommendations were agreed, resulting in the roll out of 17 briefings sessions, delivering training over 600 practitioners.

The project is still on going and will see the roll out of a resource pack; 7 minute briefing; and an e-learning package in order to further embed learning. The QAPI Sub Group will repeat the staff

survey, once there has been sufficient time for learning to be cascaded and embedded in practice, in order to measure the impact made.

3.3.3 GP Online Survey for Information Sharing

The Boards multi-agency audit activity highlighted a common theme running through a number of audits around barriers and challenges in Primary Care with regard to information sharing with partner agencies. As this was highlighted in a number of audits, the QAPI Sub Group recommended that an online survey of Primary Care practitioners was initiated in order to gather the views directly from GPs themselves.

The overall aim was to identify the barriers faced in sharing information and escalating concerns of safeguarding, in order to consider where additional support may be required in order to improve existing approaches and practice.

The Online Survey ran from August to October 2017, gathering responses from 61 participants on questions relating to:

- Safeguarding responsibilities;
- making referrals;
- identifying and responding to CSE;
- professional disagreement;
- existing approaches to sharing information and any improvements that could be made;
- what stops GPs from sharing information;
- internal processes for flagging concerns; and
- creating a safe environment for patients to share sensitive information.

A draft findings report has recently been considered by the QAPI and QAAP Sub Groups who agreed a Task and Finish Group approach in order to address the issues raised. The findings and progress will be reported in next year's annual report.

3.4 Multi-Agency Audit Framework

In 2016, the Boards introduced a new scheme of multi-agency audit activity which aims to identify good practice and to highlight areas for concern and development both on a single agency and multi-agency basis.

The audit process has been well embedded into the Board's quality and performance functions over the past two years. Following the successful implementation of the tool, and successful completion of various audits, it was agreed by the QAPI and QAAP Sub Groups to audit the tool itself in order to measure its effectiveness and establish if any improvements could be made.

The audit found that there is a clear agreement that the audit tool is successful and provides an effective mechanism to assess multi-agency case involvement. The audits take approximately 4 to 5 weeks to complete and whilst this appears a timely process, partners involved report that it is a valuable exercise and use of time. There is however a need to consider roll out times for future

audits, ensuring sufficient time and capacity is built in between each one. The QAPI and QAAP Sub Groups will take this into consideration for future annual work plans.

The LSAB QAAP Sub Group completed one, and initiated a further two multi-agency audits during reporting year:

LSAB

- Domestic Abuse – audit initiated in January 2017 and concluded with a report to the LSAB in September 2017. Findings can be found in the summary report on the LSAB website;
- Making Safeguarding Personal – audit activity has concluded and findings will soon be presented to key partners via a feedback event in order to identify the most effective method of sharing findings more widely in order to make any necessary improvements;
- Timescales and Information Sharing – a number of case file audits have been completed, however due to inconsistencies in the level of information shared it has been agreed that the information will be reviewed collectively by QAAP members in order to identify key themes and trends for learning.

LSCB

- Child Sexual Exploitation – audit initiated January 2017, and concluded with a report to the LSCB in May 2017. Findings can be found in the summary report on the LSCB website;
- Non-Accidental Injuries – audit initiated September 2017. Agencies are currently considering recommendations and identifying appropriate actions.

3.5 Service Area Annual Reports

The Board also receives a number of annual reports in relation to key multi-agency services. Reports are received regarding the following:

1. Local Authority Designated Officer (LADO)
2. Common Assessment Framework (CAF)
3. Counter Terrorism
4. Domestic Abuse
5. Independent Reviewing Officer (IRO)
6. Multi-agency Public Protection Arrangements (MAPPA)
7. Secure Estate (Young offenders institutes)
8. Private Fostering

All service area annual reports for 2017/18 are available at Appendix 1.

3.6 Themes from Child Death Reviews

The Child Death Overview Panel (CDOP) reviews every child death in the county and analyses any factors that may have contributed to the death in order to identify themes and trends for preventative measures. 70% of deaths reviewed during 2017/18 were completed within 12 months.

A summary of the key findings for 2017/18 are as follows:

- 14% of deaths were of children from an Asian Pakistani heritage, compared with the child population of 6% in the 2011 census
- 62% of children were aged under 1 year (37% 0-27 days and 24% 28 – 264 days)
- 27% of deaths were due to perinatal/ neonatal events, 23% were due to chromosomal, genetic and congenital anomalies. This is to be expected with the majority of deaths being of children under 1 year of age.
- 36% of deaths were identified to have modifiable factors*
- Of the 36% of deaths identified to have modifiable factors the most common category of death was perinatal neonatal events (32%). The second largest category to have modifiable factors was sudden, unexpected, unexplained deaths (15%).
- The most common modifiable factors were smoking by parent/carer, alcohol/substance misuse by parent/carer, safer sleep practices and domestic abuse.

**Factors which could be modified to reduce the risk of future child death*

3.7 Safeguarding Adult Reviews (SAR)/Serious Case Reviews (SCR)

During 2017/18, the SAR and SCR groups have continued to successfully implement the Welsh methodology for undertaking reviews. Both groups have tailored the approach to suit Lancashire's needs. The change includes the addition of a fourth panel meeting which focusses solely on action plan development, following the presentation of the final report to Board. The final report no longer makes recommendations but instead documents clear findings and learning points which multi-agency panel members use to develop an effective outcomes focussed action plan.

An evaluation of the methodology was commissioned and completed during the reporting year in order to measure the effectiveness of the Welsh model when compared with the traditional approach. The findings of the evaluation highlighted that on average, reports are produced in a quarter of the time and at a third of the cost of the traditional reviews, offering a more concise and focussed findings report.

Breakdown of Case Reviews

2017/18	SARs	SCRs
Number of referrals:	14	11
Number converted to reviews:	4	4*
Number converted to Multi-agency learning reviews	0	1

** 1 was agreed in 2016/17 but commissioned in 201718 reporting period*

Two Safeguarding Adult Reviews, Adult A and Adult D, and four Serious Case Reviews: Child LC; LE; LF and LH were published during the reporting year. Final reports are published in full to the LSAB and LSCB websites, for a period of 12 months. Practitioner learning briefs remain published for an extended period.

A further SAR into Adult B was published outside of reporting year and will be referenced in the 2018/19 annual report. Three SARs and four SCRs continue to progress through the review process and, if appropriate, will be published in due course.

Key Learning Themes

The following themes were drawn from the reviews into Adult A and Adult D:

- **Voice of the adult/family**: when undertaking any assessment professionals should always seek to incorporate family member views (particularly if they are actively involved in the care of the service user) and, where appropriate, share with other agencies.
- **Information sharing:** this not only applies to other professionals involved with the service user, but also to the service user and their family members.
- **Domestic Abuse:** should be considered by professionals working with adults and older couples. This includes assessment of controlling and coercive behaviour which could be long standing within a relationship.
- **Mental Capacity**: professionals should always be mindful of completing a mental capacity assessment when working with individuals when there are concerns regarding mental wellbeing and confusion
- **Self-neglect and hoarding:** professionals should identify self-neglect and/or hoarding at the earliest opportunity and consider if a co-ordinated multi-agency approach is required,

A number of common themes were amongst the learning to come from the four SCRs published in the reporting year. The information below highlights such themes and the action taken to address learning:

- **Professional curiosity:** professionals need to exercise an appropriate level of professional curiosity during assessment – it is crucial to understanding family environment and dynamics;
- **Engaging with Fathers:** professionals need to recognise the importance of engaging with fathers and encourage fathers to talk about developing their relationship with their child. Fathers should be included in assessments and their presence/absence recorded;
- **Cannabis**: professionals should understand and recognise the potential seriousness of cannabis use and the risk and impact this can have on parenting capacity and the child. Appropriate assessments and referrals to specialist services should be considered. (See section 3.3.2 regarding actions undertaken by the LSCB to address this issue).
- **Concealed/denied pregnancy**: professionals should always consider a psycho-social assessment and referral to children's social care when a woman has concealed or denied a pregnancy. In July 2018, the LSCB agreed a multi-agency Concealed and Denied Pregnancy Protocol to support professionals. The Protocol will be piloted for a period of 12 months and reviewed as necessary.

The Overview reports and learning briefs for all SARs and SCRs have been shared widely with partners and practitioners, and robust action plans are in place to address the key issues raised by the review. Partners are working to these actions which are monitored regularly by the SAR and SCR Sub Groups.

Putting Learning into Practice

In March 2018, a multi-agency conference was held for frontline practitioners in order to further embed learning from Case Reviews. The "Putting Learning into Practice" event was attended by approximately 130 practitioners who received presentations and contributed to discussion sessions around the learning from 3 SARs and 3 SCRs. Feedback from the event was extremely positive, with attendees recommending that the event takes place on an annual basis.

As part of the event, practitioners were asked to share their views on the style of learning briefs published after each review. Whilst the feedback on the current style was positive, there was some suggestions as to how improvements could be made. This is currently being considered by the Case Review Groups and the Communication and Engagement Sub Group and will be progressed over the coming months.

4. Statutory and Legislative Context

4.1 Lancashire Safeguarding Adults Board

Section 43 of the Care Act 2015 sets out the statutory objectives and functions of an LSAB as follows:

1) Each local authority must establish a Safeguarding Adults Board (an “SAB”) for its area.
2) The objective of an SAB is to help and protect adults in its area in cases of the kind described in section 42(1).
3) The way in which an SAB must seek to achieve its objective is by coordinating and ensuring the effectiveness of what each of its members does.
4) An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.
5) Schedule 2 (which includes provision about the membership, funding and other resources, strategy and annual report of an SAB) has effect.

The LSAB must promote a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal' and ensure all work is underpinned by the six key safeguarding principles:

- Empowerment – taking a person-centred approach, whereby users feel involved and informed.
- Protection – delivering support to victims to allow them to take action.
- Prevention – responding quickly to suspected cases.
- Proportionality – ensuring outcomes are appropriate for the individual.
- Partnership – information is shared appropriately and the individual is involved.
- Accountability – all agencies have a clear role.

4.2 Lancashire Safeguarding Children Board

At the time of writing this report, the LSCB continues to work to regulations and statutory objectives set out in Section 14 of the Children Act 2004 and Working Together to Safeguard Children 2015 as follows:

a) To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

b) To ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1a. developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

i. the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
ii. training of persons who work with children or in services affecting the safety and welfare of children;
iii. recruitment and supervision of persons who work with children;
iv. investigation of allegations concerning persons who work with children;
v. safety and welfare of children who are privately fostered;
vi. cooperation with neighbouring children's services authorities and their Board partners;

1b. communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

1c. monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

1d. participating in the planning of services for children in the area of the authority; and

1e. Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 (2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of the guidance.

Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

2. In order to fulfil its statutory function under regulation 5 an LSCB should use data and, as a minimum, should:

   - assess the effectiveness of the help being provided to children and families, including early help;

   - assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of this guidance;

   - quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and

   - monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

The LSCB has been working to these requirements during 2017-18

4.3 Working Together 2018

In June 2018, the Department for Education (DfE) released the revised version of Working Together to Safeguard Children (2018 new guidance). These will have a significant impact on local arrangements and some of the key changes are set out below:

- Abolishment of LSCBs and the introduction of Multi-Agency Safeguarding Arrangements (MASA);
- Local Authorities, Clinical Commissioning Groups and Police are identified as having the lead – described as the "Safeguarding Partners" whilst other organisations are identified as "Relevant Others"
- Introduction of Child Safeguarding Practice Reviews, replacing existing Serious Case Reviews;
- Changes to Child Death Reviews, led by child death review partners who are identified as the Local Authority and Clinical Commissioning Groups.

4.3.1 Multi Agency Safeguarding Arrangements (MASA)

Working Together 2018 sets out the functions of the MASA as:

1. Local organisations and agencies that work with children and families play a significant role when it comes to safeguarding children.

2. To achieve the best possible outcomes, children and families should receive targeted services that meet their needs in a co-ordinated way. Fragmented provision of services creates inefficiencies and risks disengagement by children and their families from services such as GPs, education and wider voluntary and community specialist support.

3. There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area.

4. As set out in chapter 2, many local organisations and agencies have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

5. The responsibility for this join-up locally rests with the three safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.

The three safeguarding partners are:

a) the local authority
b) a clinical commissioning group for an area any part of which falls within the local authority area
c) the chief officer of police for an area any part of which falls within the local authority area

The responsibilities of the partners, and the new arrangements are set out in detail in the Working Together Guidance (2018)

4.3.2 Transitional Guidance

Local authority areas must begin their transition from LSCBs to safeguarding partner/child death review partner arrangements from 29 June 2018. The agreed approach and arrangements must be completed for implementation by 29 September 2019.

In the case of ongoing serious case reviews and child death reviews, LSCBs have a statutory 'grace period' of up to 12 months to publish SCRs, and up to four months to publish child death reviews. All reviews should seek to be completed as soon as possible.

Initial scoping is now taking place between Lancashire County Council; Clinical Commissioning Groups; and Lancashire Constabulary to consider how the new arrangements may look for Lancashire. Options will be considered during the Autumn 2018 with the decision being the responsibility of the Chief Executive of the Local Authority, the Chief Accounting Officers In the CCGs and the Chief Constable.

5. Governance and accountability arrangements

5.1 Relationship between the LSAB/LSCB

Last year we reported on the first Development Day which took place jointly with the LSAB and LSCB in March 2017. The key theme to come from the session was around more efficient ways of working, with a particular focus on principal of "doing things once" where possible – this not only applies to the two Boards in Lancashire, but also the pan-Lancashire footprint, working more closely with the Boards in our neighbouring authority areas. The following activity has taken place during reporting year, following agreement at the development day, in order to become more efficient and further develop joint working.

- LCSB Executive Group was disestablished in May 2017 to ensure the accountability of the full Board remains as robust as possible. Regular budget meetings and sub group chairs meetings were established in order to allow an alternative forum for the management of financial issues and decisions which don't require agreement at full Board;
- A joint Communication and Engagement Sub Group was established in June 2017 on a pan-Lancashire footprint, addressing both adult and children's safeguarding issues;
- The Welsh Model has been successfully embedded for both SARs and SCRs and an evaluation into the model has been undertaken and shared with the LSAB and LSCB. A joint conference took place to share key learning and discuss future approaches to sharing learning effectively across the adult and children's workforce;
- Common audit processes are in place across both Boards, and the LSCB Section 11 audit has been mirrored to capture safeguarding activity from the adult's workforce;
- The LSAB and LSCB meet together twice a year to discuss joint issues; and the chairs and business managers of adult and children's boards for pan-Lancashire continue to meet on a quarterly basis to address pan-Lancashire issues;
- A second development day took place in February 2018 in order to identify future priorities and effective mechanisms for measuring impact. A number of all-age priorities were agreed for joint working which are detailed 5.4.3.

At the time of writing this report, a number of joint initiatives are in development for the 2018/19 period. Some examples of this are:

- Joint business plan and priorities;
- Measuring impact briefings are taking place with Board members and sub group chairs to enable the identification of mechanisms to allow us to measure impact effectively;
- Complex Safeguarding conference will take place to consider the continually emerging issue of 'exploitation' in Lancashire
- The Learning and Development Sub Groups are working on a number of joint approaches, including:
    - Multi-agency Workforce Development Plan;
    - Training for Trainers Courses;
    - 7 minute briefings which address all-age themes.

5.2 Board Structure

The Board structure can be found on the next page, illustrating the governance between the Boards, its sub groups, and links with other partnerships.

Changes to the Children's Partnership Board (CPBs) have been under consideration during 2017/18, however the locality based groups have largely continued to meet and the four Business Co-ordinators continue to attend the CPB meetings regularly while this review is taking place, providing updates and direction from a safeguarding perspective.

2017/18 has seen further developments in engagement with the Office of the Police and Crime Commissioner (OPCC). The OPCC is represented on the LSAB and LSCB; Safeguarding Adult Review Group; Communication & Engagement Sub Group; and the CSE Strategic Board, and actively engages with a number of Task and Finish Groups.

Lancashire
Safeguarding Boards

Lancashire Safeguarding Children Board
lancashire safeguarding adults board
Learning and Development Sub Group
Serious Case Review Sub Group
Quality Assurance and Performance Information Sub Group
Policies and Procedures Sub Group
Lancashire Child Sexual Exploitation Operational Group
Online Safeguarding Sub Group
Child Death Overview Panel
Child Sexual Exploitation & Missing from Home Strategic Board
LSAB & LSCB Communication & Engagement Sub Group
Quality Assurance and Performance Information Sub Group
Safeguarding Adult Review Sub Group
Learning and Development Sub Group
Practice with Providers Sub Group
Safeguarding Adults Leadership Group
Policies and Procedures Sub Group
Mental Capacity Act Implementation Sub Group
Blackburn with Darwen LSCB
Blackpool LSCB
Lancashire Chief Executives Group
Lancashire Health and Wellbeing Board
Blackburn with Darwen LSAB
Blackpool LSAB
Children's Partnership Boards x 4
Burnley and Pendle
Chorley, South Ribble and West Lancs
Fylde Lancaster and Wyre
Hyndburn, Ribble Valley and Rossendale
Pan-Lancashire Group
Direct accountability
Working links
As at Dec 2017

5.3 Accountability and inspection

Despite having statutory functions, the LSAB does not undergo the same scrutiny processes as the LSCB. However it should be noted that agencies represented on the LSAB are often inspected in terms of quality and compliance around issues of safeguarding.

The LSCB is reviewed as part of the local authority inspection of services for children in need of help and protection, children looked after and care leavers, carried out by Ofsted. The last full inspection took place in 2015 and the LSCB was judged to be 'good' following a separate assessment and judgement of its effectiveness. At the time of writing this report, a re-inspection of the local authority was in progress and whilst the LSCB were not formally scrutinised, the Business Unit and multi-agency partners engaged and supported the local authority throughout the process. Findings are not yet known.

The independent chair is the same for both Boards and is held to account by the Chief Executive of the Local Authority through regular meetings and Board member participation in a process of standardised appraisal.

5.4 Business Planning and Strategic Priorities

5.4.1 LSAB Business Plan

The LSAB and its sub groups have continued to make progress against the key priorities set out in the 2016-18 business plan. Priorities were set based on the 15 Care Act Responsibilities under 6 Key Safeguarding Principles: Empowerment; Prevention; Proportionality; Protection; Partnership; and Accountability.

The information below details the progress made against priorities with completion deadlines during the April 2017 – March 2018 period:

Empowerment

Care Act No. 9 – Develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect.

Progress update: All sub groups consider issues of diversity throughout work programmes and during development of policy and practice. The Communication and Engagement Sub Group will ensure that diversity is considered and addressed during the roll out of any communication materials, considering easy read formats; additional languages etc.; and alternative platforms and mechanisms

The Mental Capacity Act Sub Group have developed a framework for learning, providing a suite of packages in order to support the implementation of MCA across the workforce. The frameworks has been agreed by the LSAB and is currently being finalised ready for distribution.

Prevention

Care Act No. 5 – Establish mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives

Progress Update:

Pan-Lancashire and Cumbria Multi Agency Policies and Procedures
In October 2017, the LSAB launched the new online safeguarding policies and procedures manual, moving away from the traditional method delivered via Tri-X.

The manual is a joint Pan-Lancashire and Cumbria approach to adult safeguarding, including consistent language and commonly used terms. It is intended for the entire adult workforce, aiming to promote multi-agency working and providing information about how to safeguard adults at risk of abuse or neglect, providing practitioners with appropriate guidance in order to respond appropriately to adult safeguarding concerns.

The manual is hosted on the Blackburn with Darwen website and will be updated on a regularly basis to reflect ongoing developments in local, regional and national guidance.

There will of course be various local guidance and policies procedures which are specific to the Lancashire area only. A number of these procedures are currently in development, led by the Policies and Procedures Sub Group as detailed below. Once completed and formally agreed, all guidance documents specific to Lancashire will be made available on the LSAB website.

LSAB Policies and Procedures Sub Group
Established in November 2017 with a clear Terms of Reference which sets out functions including horizon scanning with regard to new legislation and best practice; and the development and review of policies and procedures commissioned by the LSAB. The group is multi-agency, currently consisting of representation from Advocacy Focus, Social Work from LCC, representation from CCG, housing and provider representative.

During the reporting year, progress has been made in reviewing policies in relation to: People in Positions of Trust; Self-Neglect and Hoarding; Making Safeguarding Personal; and Safeguarding Adult Reviews. The reviews will continue to progress during 2018, along with Financial Abuse, Domestic Abuse, and Modern Slavery.

Mental Capacity Act (MCA) Awareness Raising – carer and public engagement
Three events were delivered for carers and the public across Lancashire, led by "Afta Thought" drama group. Approximately 120 people attended the sessions where real life scenarios were played out around the principles of MCA and an understanding of individual rights.
Feedback received was extremely positive with a request for similar sessions to be held in the future.

Care Act No. 6 - Develop preventative strategies that aim to reduce instances of abuse and neglect in its area

Progress Update:

Safeguarding Guidance

Last year we reported on the comprehensive guidance tool, launched in March 2017, which aims to assist practitioners in making appropriate referrals in response to safeguarding concerns. It is intended to assist in the management of risk and making appropriate decisions around the level of support and response required to suspected or recognised abuse.

The guidance and its appendices have been successfully embedded across the workforce during 2017/18 and, as agreed, a review of its first year has recently been undertaken via an Online Survey of practitioners. Overall, the findings of the survey were positive and highlighted that the guidance tool is well received and well regarded by partners. A few suggestions for amendments were raised which have recently been considered by a multi-agency task group and slight amendments agreed. Revised guidance will be published in the coming weeks.

Communication and Engagement Sub Group

The Pan-Lancashire Communication and Engagement Sub group was established in June 2017 and has developed a Communication and Engagement Strategy which was agreed by Boards in May 2018. The strategy provides strategic direction and aims to make improvements in terms of effective communication and engagement of priorities and statutory obligations to further embed "safeguarding" into services, communities and the general public.

An annual work plan is in place to support the implementation of the strategy. Further details can be found at section 6.10.

Safeguarding Adult Reviews

Safeguarding Adult Reviews are undertaken in order to identify any lessons which might prevent similar instances of abuse or neglect from happening in the future. The learning from the reviews is shared widely with Board members and practitioners of our partner agencies.

During 2017/18 connections have been strengthened between the sub groups in order to more effectively address learning and ensure it is shared. This is done via bi-monthly update reports to Board; sharing of learning briefs; creation of 7 Minute Briefing based on common themes coming out of reviews; robust action planning; and the "Putting Learning into Practice" event which is detailed at section 3.7.

Proportionality

Care Act No. 10 - Balance the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis'

Progress Update: The MASH Strategic Board has been re-established and strengthened during reporting year, agreeing a Memorandum of Understanding and an Information Sharing Protocol across agencies. The service redesign for the Children's MASH has been complete, however further work is required in terms of the Adult MASH. The LSAB has commissioned a review to progress this further during 2018.

The Board receives assurance that "Making Safeguarding Personal" (MSP) is embedded through all agencies and a multi-agency audit has been undertaken to explore this further. Findings of this audit are currently being considered, as detailed at section 3.4. All sub groups work to embed MSP principals and this has been identified as a priority area within the new business plan for 2018-2020.

Protection

Care Act No. 8 – Formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults.

Progress Update:

People in a Position of Trust (PiPoT)
During reporting year the Policies and Procedures Sub Group has developed a pan-Lancashire policy to assist in the management of concerns around People in a Position of Trust. The policy has recently been completed and is due to be signed off formally by the LSAB in August 2018. Once agreed, it will be uploaded to the Online Policies and Procedures for Safeguarding Adults.

Partnership

Care Act No. 3 – Establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements; and

Care Act No. 14 - Evidence how SAB members have challenged one another and held other boards to account

Progress Update: The LSAB has a number of mechanisms in place to enable effective challenge in order to measure effectiveness and hold partners and other Boards to account. This activity includes:

- Section 11 Audit – the existing LSCB s11 process has been amended to enable the collection of information regarding all-age safeguarding. This provides the Board with assurance that arrangements are in place to safeguard adults effectively. The process has been Quality Assured during 2017/18 which is detailed at section 3.2.1;
- The multi-agency audit programme is well embedded within the LSAB and the audit team have completed a range of audit activity during reporting year, as detailed at section 3.4. The audit tool itself has undergone audit activity to ensure it is an effective;
- Annual Feedback Reports are requested from key partners for inclusion in this annual report regarding safeguarding activity which has taken place during 2017/18, and planned priorities for the year ahead. (See section3.1);

- Bi-monthly sub group reports are given at each Board meeting to inform members of the recent progress of each group against individual work plans. The reports also provide the opportunity to raise any issues which require agreement or support from the Board, or other sub groups in order to progress effectively;
- Following a recent review and establishment of new Community Safety Partnership arrangements, a protocol will now be developed between the Lancashire Safeguarding Boards and the CSPs in order to set out how we will work together and hold each other to account.

Accountability

Care Act No. 1 - Identify the role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults

Progress update: Membership and structure of the LSAB and its sub groups are regularly reviewed and amended as necessary. All sub groups are well developed with work plans and clear Terms of Reference agreed. Governance arrangements were reviewed and published to the LSAB website in April 2017, setting out the aims, priorities and Terms of Reference of the LSAB; membership and responsibilities of members; and structure and role of sub groups.

Care Act No. 4 – Determine arrangements for peer review and self-audit

In February 2017, an ADASS and LGA Support tool was presented to LSAB members to support agencies in recognising the requirements of MSP and provide assistance in measuring progress against MSP principles. Board members were asked to familiarise themselves with the tool and complete a self-assessment. This was later discussed at a development day and MSP was formally agreed as a key priority moving forward into 2018-20.

A full peer review exercise is planned to take place during 2018/19

- *Care Act No. 13 – Produce a strategic plan and annual report*

  The Business Plan has recently been reviewed, becoming a joint plan with the LSCB. The plan includes both joint priorities with the LSCB, and individual priorities to be addressed by the LSAB. Details of the priorities can be found at section 5.4.3.

  Once formally agreed and presented to other Boards, the annual report is published each year to the LSAB website.

5.4.2 LSCB Business Plan

The Business Plan for the reporting period was develop by the LSCB and has the support of all the Board's partner agencies. It takes account of and is informed by statutory requirement and the implementation of LSCB processes: QA Framework - Section 11 Audit, Multi-Agency case file audits, Performance Indicators. Themes from SCR are inbuilt into our priorities. The plan incorporates the actions required to ensure the Board itself is efficient and effective in fulfilling its statutory responsibilities.

The key priorities for 2016-18 were agreed at the Board's Development Day on 7th June 2016, as follows:

- *Priority Area 1:* Improve the effectiveness of agencies and the community in preventing Child Sexual Exploitation and addressing other complex safeguarding issues (including female genital mutilation, forced marriage and honour based violence).

- *Priority Area 2:* Improve the effectiveness of agencies in meeting the needs of Children Missing for Home, Care and Education

- *Priority Area 3:* Improve the effectiveness of safeguarding activity for children in specific circumstances:
    - Children placed in Lancashire from other areas, and in other areas from Lancashire
    - Children whose parents are in prison
    - Children in need of support for emotional and mental health issues
    - Children in need of support with regard to online safety

- *Priority Area 4:* Cross cutting themes

- *Priority Area 5:* Ofsted improvement plan

Priority updates for 2017/18:

Child sexual exploitation and complex safeguarding

Child Sexual Exploitation (CSE)
There have been some challenges during 2017/18 largely due to capacity within agencies to release staff to take forward the agenda, therefore resulting in a period of drift in respect of the strategic agenda. It is important to note that this has not impacted on the quality of practice and is now making good progress and getting back on track.

A review of the Standard Operating Procedures (SOPs) for CSE has been initiated during reporting year and has made good progress in bringing procedures up to date and suitable for working practice across the Pan-Lancashire area. There is still some work to be done to further develop and finalise the SOPs which will be a priority of the Pan-Lancashire CSE Strategic Group over the coming months.

Recognition must be given to the substantial investment made by the local authority in relation to the reorganisation of the CSE teams and creation of additional capacity. As with all reorganisations, this comes with a period of intense change which takes time to embed, however the LSCB is confident that positive progress has been made and continues to do so.

Female Genital Mutilation (FGM)
In June 2017, the Boards contributed to and supported the multi-agency "Harmful Practice of Female Genital Mutilation" conference. The event was a joint approach with the Blackpool and Blackburn

Safeguarding Boards; the Office of the Police and Crime Commissioner; and NHS England (North Region).

The purpose of the conference was to launch the FGM pathway developed by multi-agency partners, and to build on existing awareness of FGM legislation and the harmful effects it has on an individual and their families. Over 100 partners attended the event, receiving presentations and information from Peggy Mungolo and an FGM survivor from specialist charity NESTAC (Next Step for African Community); CPS North West; Integrate; and Afta-Thought drama group who brought to life anonymised case studies from Lancashire in order to highlight the presence of FGM in the county.

The conference as extremely well attended and received positive feedback from attendees who felt the event was "engaging"; "thought provoking"; and "improved knowledge that can be disseminated and shared in practice".

The FGM pathway is now in place and held on the Pan-Lancashire and Cumbria multi-agency procedures. In addition, an FGM leaflet was developed and published in order to assist individuals in recognising the signs of FGM; the different types of the procedure; and how to report it.

Children missing from home, care and education

The pan-Lancashire CSE/MFH Strategic Board and Operational Group continue to be sighted on the Missing from Home agenda, having reviewed the Strategy and Action Plan in August 2016.

Although the National College of Policing released guidance in relation to the removal of the 'absent' category, the DfE are yet to release guidance for local authorities. The LSCB has previously made contact with the DfE to seek advice regarding potential timescales for the release of the guidance. Once it is made available, the Strategic Board will seek to review the Strategy, and supporting Action Plan, once more to take account for the changes.

Children placed in Lancashire from other areas, and in other areas from Lancashire

In 2015 Lancashire Safeguarding Children's Board conducted an audit of Children Looked After by other Local Authorities placed in Lancashire. The audit activity was undertaken in 2015 and analysed 45 individual cases with key multi-agency findings reported back in the final report. The original report acknowledged that in most cases information was shared appropriately, however notifications were often received from placing local authorities very late; with statutory services not usually knowing that the child has been placed in Lancashire until after the placement has commenced. There were also some concerns identified with regards to the level of information routinely recorded on LCS for out of area looked after children placed in Lancashire.

In 2018, the LSCB QAPI sub-group were required to revisit the original audit in order to ensure that the initial recommendations had been addressed and ascertain whether any further multi-agency work needs to be undertaken. A decision was taken by the sub-group to progress this by conducting a multi-agency focus group. The purpose of the focus group is to map the current process for placing out of area looked after children in Lancashire, identify the weaknesses in the process and understand whether in reality the process occurs as intended. The group was established just outside of the reporting period and has made progress against this priority, by revisiting the original

recommendations and considering to what extent these have been addressed since the audit was undertaken. The findings of this piece of work will soon be reported to the LSCB and referenced in next year's annual report.

Children whose parents are in prison

The Lancashire Safeguarding Children Board (LSCB) recognises that children with a parent in prison are at risk of experiencing poor outcomes comparable with those of looked after children. This cohort of children was made a priority of the Board following a number of awareness raising events held in 2015/16 in partnership with the CYP Trust Board and charity i-Hop. In response to this, the LSCB established a multi-agency Task and Finish Group to order to identify a way of ensuring that this particular cohort of children is recognised and offered an appropriate level of support when a parent/carer is incarcerated.

The work undertaken led to the development of a pathway to ensure an offer of support is made. This was shared with multi-agency partners throughout its development, providing the opportunity for comments and suggestions, with appropriate amendments made along the way.

The LSCB launched the pathway in November 2017 as part of Child Grief Awareness week. The launch was communicated widely and partners asked to ensure staff were appropriately briefed. Children's Social Care and the Children and Family Wellbeing Service were asked to make additions to case management systems in order to capture information accurately and allow monitoring against the cohort moving forward.

The information in the table below was captured by CFWS in the period from the launch in November up to 31 Marcy 2018. Since March (up to 3 July), an additional 8 children and young people have been identified as having a parent/carer in prison, taking the count of families up to 6.

	Numbers identified between November 2017 – March 2018	
District	**Count of CYP**	**Count of Families**
South Ribble	**5**	**1**
Wyre	**1**	**1**
Pendle	**2**	**2**
Total	**8**	**4**

Data Source: *Children and Family Wellbeing Service*

Partners from the Multi-Agency Safeguarding Hub have confirmed that requests have recently been addressed to allow the case management system to record the primary nature of contact and contact source. Additions are also being made to allow for flags to be added to cases already open to provide more accurate reporting. Data will be available on referrals to MASH regarding children with parents in prison at the end of August and each month after that

Children in need of support for emotional and mental health issues

The LSCB continues to receive regular updates from the Children and Young People's Emotional Wellbeing and Mental Health Transformation Programme. For a considerable period of time, the LSCB reported concerns regarding the progress made around the programme, however we are happy to report that improvements are now beginning to be seen. It is evident that positive changes are being made in terms of timeliness and equity of service provision for children and young people in relation to emotional wellbeing and mental health though the average overall spend on this activity is still lower than the National average. The LSCB will continue to request regular updates from the Transformation Board and will monitor the progress being made to ensure ongoing improvements are made.

A priority of the LSAB MCA Sub Group is to strengthen awareness of Mental Capacity and Deprivation of Liberty Safeguards for services supporting young people aged 16 and 17 years old. This includes work to improve service user experience of MCA for young people transitioning from child to adult services. The LSCB will work in collaboration with the MCA Group in order to further develop this piece of work during 2018/19.

Additional areas of focus:

Risk Sensible assessments and the Continuum of Need

In July 2017 the LSCB launched a Risk Sensible Framework for multi-agency partners in order to align practice during assessments following the roll out of risk sensible assessments within Children's Social Care. The Framework was launched via a number of workshops to multi-agency partners between July and October 2017. During these events, concerns were raised regarding the level of training capacity available for the children's workforce around the risk sensible approach, this has resulted in the LSCB increasing the number of 2-day training courses available from 3 per year to 12 per year in the first instance. Following this, the approach will be further reviewed as necessary.

The Continuum of Need and supporting Thresholds document was reviewed in 2016 in order to align with Risk Sensible. During reporting year 2017/18, a further review has been undertaken, following an agreement of the pan-Lancashire LSCB Chairs and Directors of Children's Service which tasked the three LSCBs with exploring the alignment of the three Continuum of Needs and supporting Thresholds Guidance documents, with the possibility of one single approach being agreed.

Initial exploration took place in July 2017, which resulted in all three areas adopting the same Continuum of Need (see below). Due to some ongoing differences in local working arrangements, the alignment of the supporting Thresholds Guidance is not achievable at this time.

Pan - Lancashire Continuum of Need

Whilst it was not possible to fully align the supporting Thresholds Guidance, an exercise was undertaken to consider the example 'risk indicators' given against each level across the three local authority areas to ensure there are no contradictions about where the need or risk should sit. This exercise didn't raise too many issues but some minor changes were agreed for each document.

In the case of Lancashire, the exercise highlighted that we have some work to do to move away from the "Every Child Matters" style categories and move towards those referenced in the new CAF: Health; Education; Emotional and behavioural development; Identity; Family and social relationships; Social presentation; Self-care skills and independence. A Task and Finish Group was convened in October 2017 to undertake this work and complete a refresh of the Thresholds Guidance. This work is nearing completion and should be ready for roll out and implementation in the autumn.

Schools Safeguarding

Due to the size of Lancashire and the number of schools in the county, engaging effectively with schools is a challenge for the LSCB and the partner agencies represented. In order to overcome this challenge, a project was initiated in January 2018 with the aim of identifying methods to strengthen the link between Schools; the Police; and Children's Social Care at a local level. A Headteacher from a Lancashire Primary school was commissioned by the LSCB, on a secondment opportunity, to lead this piece of work and develop approaches around the following.

There are two elements to this project. The first includes developing or embedding timely information sharing re Domestic abuse incidents to allow schools to support children appropriately, ensuring that families receive effective early help - project “Encompass”.

The second aims to:

- Increase confidence in schools engaging with the CAF process and risk management;
- Review the operation of links between agencies in order to promote improved communication;
- Develop a network of school safeguarding champions;
- Support the development of links between schools and Early Help/Action teams.

At the end of reporting year, good headway has been made in progressing the project. Focus groups have taken place with school representatives across the county to gain an understanding of current processes and future aspirations, and the outcome of the focus groups has been shared with headteacher forums across the county. Models in operation in other areas have also been researched in order to identify best practice.

The focus of the work undertaken so far involves the following:

- Sharing of information around Domestic Abuse incidents – Operation Encompass is a methodology adopted by a number of police forces nationally which ensures the timely sharing of information between police and schools in respect of domestic abuse incidents. This method has been explored in recent months.
- Safeguarding support around risk assessment and management – it is clear that there is a need for a more structured and formalised support framework. Parallels have been drawn with the arrangements in the north of the county in respect of mental health and the benefits that are perceived to have been derived from this. Although direct parallels can't be drawn, there is learning that could be applied elsewhere.
- Confidence in CAF – as part of a wider multi-agency refresh of CAF, the LSCB is training multi-agency Trainers to roll out CAF Training across the networks.

Progress made was reported to the LSCB in May 2018, where an agreement was reached to provide some funding in order to progress the below as a proposed way forward ward:

- Operation Encompass be further explored and considered for a pilot model with the aim to improve inter-agency communication around Domestic Abuse, resulting in the timely provision of support for children and families
- Hub and Spoke Safeguarding Networks to be explored with the aim to improve the quality and reduce the number of referrals to MASH; improve communication and enhance effective multi-agency family support; support professionals in providing early help; and ensure a multi-agency approach to routine enquiry with regard to adverse childhood experiences.

The outcome of this work is due to reported in January 2019.

Adverse Childhood Experiences (ACEs)

ACEs are a complex set of childhood experiences which studies show can increase the likelihood of health-harming behaviours and diseases in adult life. ACEs can relate to multiple types of abuse including emotional, physical and sexual, domestic abuse, parental drug or alcohol use, and loss or imprisonment of a parent.

The LSCB is committed to exploring new ways of working which embed our understanding of the impact of ACEs, which has been identified as a joint priority for the LSAB and LSCB in the 2018-20 Business Plan. Links have been made with Public Health Lancashire with regard to this agenda and the Board will be involved in a scoping meeting in September 2018.

The Pan Lancashire Child Death Overview Panel (CDOP) commissioned a thematic audit to explore the prevalence of ACEs in cases where a child has died, and the potential link between health and behaviours. This audit has recently completed and a summary of findings was presented to CDOP in June 2018. The author of the report was asked to provide a set of recommendations for inclusion in the CDOP Annual Report, with a view to incorporating questions regarding ACEs within CDOP processes to allow for future data collection. The CDOP annual report will be presented to the LSCB in November 2018.

Intra-familial sexual abuse (IFSA)
In May 2017 the LSCB convened a multi-agency Task and Finish Group to investigate the number of IFSA cases that are recorded in Lancashire, following a report of the Children's Commissioner in November 2015.

The multi-agency group consisted of representatives from Health, Education, and Children's Social Care who initiated a data collection exercise based on a 6 month case sample to establish how many IFSA cases were recorded by Children's Social Care during that period.

Analysis of these results suggested that current recording processes on LCS (children's social care case management system) do not allow for IFSA to be identified as a distinct issue. A further search on case notes for the term "intra-familial SA" was performed which yielded no results. It would appear that practitioners do not use this as a term but are more likely to describe the circumstances in their case notes.

Further data provided by Business Intelligence showed that from 2017, 17 cases of sexual abuse were recorded by children's social care in the preceding 6 month period. This is a very low figure when compared with the figures published by the Children's Commissioner on prevalence.

The Task and Finish Group presented findings to the LSCB in January 2018 and made the following recommendations:

- That Lancashire CSC referral forms are reviewed to ensure that information and referrals where intra-familial abuse has been alleged or identified is recorded.
- That LCS recording practice is reviewed to allow intra-familial abuse to be recorded as a CIN category (more understanding needed of LCS) to support future analysis of prevalence and reporting of intra-familial sexual abuse
- Multi-agency training to support the workforce including staff in schools, children's social care, police and health services and all agencies represented on the LSCB to support identification of sexual abuse, how to create the right environment, remove barriers to communication and

facilitate disclosure; and highlighting the underreporting of sexual abuse by children from hidden groups such those with special needs or disabilities, or from minority communities.

- The Lancashire PHSE curriculum is reviewed to ensure that schools equip all children, through compulsory lessons for life, to understand healthy and safe relationships and to talk to an appropriate adult if they are worried about abuse.
- The Lancashire process of achieving best evidence interviewing is reviewed in line with the Commissioner's recommendations to ensure timely and appropriate support for children.

The Task and Finish Group continues to progress this piece of work and will provide regular updates to the LSCB.

5.4.3 Business Plan 2018-20

The two Boards have recently developed a new Business Plan for 2018-20, which sets out priorities for the given period. Sub Groups are now addressing the agreed plan and will incorporate appropriate actions into individual work plans in order to progress the priorities.

LSAB Priorities

1. Embed Marking Safeguarding Personal to ensure that the voice of service users influences service delivery;
2. Engage and listen to the voice of adults with care and support needs;
3. Further develop the Adult MASH;
4. Engage with diverse communities.

LSCB Priorities

1. Transition to the new Working Together arrangements;
2. Ensure that families where neglect is an issue are supported;
3. Intra-familial Sexual Abuse.

Joint Priorities:

1. Promote awareness of Adverse Childhood Experiences and promote a trauma informed workforce;
2. Work with other Boards and partners to promote good practice with regard to Complex Safeguarding involving exploitation;
3. Promote an all-age approach to Domestic Abuse and to work across agencies;
4. Highlight the need for smooth transitions for children and adults transferring across services;
5. Work with partners/organisations who are managing organisations transition and system change to ensure coordinated responses to safeguarding practice is not compromised;
6. Raise awareness of Online Safety with children/young people and adults with care and support needs.

Progress against the priorities will be monitored throughout the year and reported in the 2018/19 annual report.

5.5 Views of service users

Over the past few years, the Boards have undertaken some effective activities for involving service users in various aspects of its work and seeking their views as appropriate.

The following activity has taken place within 2017/18:

a) What is Safeguarding – a film by young people. In January 2018, a group of children and young people from across the county came together to tell us about what "safeguarding" means to them. The group shared their experiences and what it means to be safe, and helped us to create a film to share their views. The children and young people involved, whose ages range from 7 to 24, are involved in a number of services across Lancashire, some are in care or leaving care, some are young carers or have a disability, and others have a parent in prison or have experienced going missing from home – and much more.

   The film can be viewed on the LSCB website at the link below – this is just a small part of the information the group shared with us, there is much more information for us to share throughout the year.

   http://www.lancashiresafeguarding.org.uk/what-is-safeguarding.aspx

b) MoMo – in 2017/18 the LSCB funded the first year of a participation tool introduced by Children's Social Care. MoMo ("Mind of My Own") is an app which can be used with children and young people who are in care, to allow them to share their views, concerns and good news stories. The implementation of the tool has been very successful, over 200 children and over 500 workers are signed up to the app and Lancashire was recognised for the quickest implementation during 2018.

c) Safeguarding Easy Read – the LSAB engaged with a group of service users to develop an Easy Read Guide: 'What is safeguarding and how to report your concerns', which aims to help vulnerable adults understand what 'safeguarding' is; what 'abuse' is; the different types of abuse, and what to do if they are worried or concerned. This was developed in partnership with the Learning and Disability Partnership Board, and was published to the LSAB website in September 2017.

d) SARs and SCRs – the Boards routinely consult with and seek the views of family members in relation to case reviews and ensures their views are appropriately reflected. Family members are always considered during decision making around publication and any possible effect publishing may have on an individual.

Collecting the views of service users is an ongoing challenge for the Boards and has been built into the Strategy and Workplan of the Communication and Engagement Sub Group who will consider effective methods for development and use in the future.

5.6 Board Performance

The Boards also have performance indicators which relate to its own effectiveness, with the year-end returns as follows:

Indicator	2015/16	2016/17	2017/18	Target	Direction of Travel
Attendance at LSAB Meetings*	Not available	76%	75%	80%	Worse
Attendance at LSCB Meetings*	67%	68%	68%	80%	Same
SCRs referrals considered within timescale	100%	100%	100%	100%	Same
Number of cases reviewed by CDOP	86	68	94	N/A	N/A

*A full breakdown of attendance by agency can be viewed at appendix 2. Where agency representation is poor, this addressed by the Chair.

A risk register is in place for each Board to ensure the appropriate controls are in place to mitigate against key risks to the delivery of Board business and the effectiveness of the partnership.

6. Key Achievements from the Sub Groups

The work of the Boards is delivered through a range of themed sub-groups as illustrated in the structures above. Each sub-group has its own work plan which are drawn from the Business Plans and in turn based around the Boards' strategic priorities. The work plans have been reviewed for the year and key achievements are as follows:

6.1 Safeguarding Adult Review and Serious Case Review Groups

Role – To consider referrals for SARs and SCRs against the criteria, commission reviews and monitor implementation of single and multi-agency learning from case reviews.

SAR/SCR Activity 2017/18

2017/18	SARs	SCRs
Number of referrals:	14	11
Number converted to reviews:	4	4*
Number converted to Multi-agency learning reviews	0	1

Key Achievements 2017/18

The SAR and SCR Groups have continued to successfully implement the Welsh methodology throughout the year, commissioning new reviews as detailed above, and undertaking 4 SARs and 5 SCRs which were commissioned in the previous year.

In order to improve the effectiveness of action planning, the groups have amended the style of the final reports and amended the review process. The final report no longer includes recommendations but instead the reviewers are asked to document clear findings and learning points. Therefore, following presentation of the final report to the Board, a fourth panel has been added to utilise action plan development. The fourth panel is chaired by the independent chair of the review and attended by panel members. The aim of the meeting is to develop a multi-agency, outcome focused action plan as a result of the findings and learning points identified within the report.

The groups completed an evaluation of the Welsh Methodology compared with the traditional methodology. The evaluation highlighted that on average, the Welsh Model can produce a report in a quarter of the time required and at a third of the cost. The findings from the report have been shared locally and at national conferences. Following agreement from the author, the report shall be published on the Board website.

A Case Review conference: '*Putting Learning into Practice*' was held at the Marriott Hotel in Preston. The event was attended by 130 frontline practitioners and managers. The conference included the sharing of key themes and lessons learnt from 3 SCRs and 3 SARs. The event was very well received and feedback has recommended turning the conference into an annual event.
Furthermore, a retention policy and panel member agreement have been developed. Both are shared with panel members for all SARs and SCRs.

What difference will this make to service users?
As Lancashire has embedded the Welsh methodology for undertaking Case Reviews, practitioners are directly involved in identifying themes; areas for improvements; and good practice. They are given a unique opportunity to reflect on their own safeguarding practice within a multi-agency setting allowing the learning they identify to be implemented immediately.
With the removal of recommendations within reports and the improvement of the action planning phase of the review process, action plans will be more meaningful, robust and achievable and most importantly the learning from Reviews will inform service delivery earlier. Overall, it is envisaged that improvements to the Review process will enable lessons to be learnt earlier and improve outcomes for Lancashire service users sooner.

Priorities for 2018/19

- The SAR Group are to agree a process for all SARs which meet criteria despite a STEIS report already been completed.
- Complete a thematic review of all completed SCRs and SARs.
- Review the key themes from SARs in Lancashire and compare with key themes from National SARs.
- SCR Group will transition into the MASA structures to abide to the new Working Together guidance.
- Undertake a peer review with colleagues from a SCR group in a neighbouring Safeguarding Children Board.
- Liaise with Quality and Performance Information to triangulate information submitted on the section 11 audits in relation to embedding lessons learnt from SCRs.

6.2 Learning & Development Sub Groups (LSAB and LSCB)

Role – The principal purpose of LSAB and LSCB learning & development sub-group is to promote learning and development.

LSAB
The function of the group has improved significantly in the reporting year since the introduction of the Learning Development Coordinator role, Business Support Officer, along with a consistent Chair, introduction of a Vice Chair role and widening of the membership of the group.

Key areas of success include:

- A review of the safeguarding adults E learning basic awareness package
- Continued strengthening of the learning and development repository on the Board website
- Review of the process around the 7 minute briefing series and topics for inclusion
- Inclusion of learning from Safeguarding Adult / Domestic Homicide Reviews as a standardised agenda item
- A review of the Terms of Reference
- Successful development day to plan objectives for 17/18

- Development of a process to cascade multiagency learning following the outcomes of
- SARs and learning briefs

Key Achievements for 2017/18

The Learning & Development group is responsible for the multi-agency response to learning and development across Lancashire. The group's primary function is to facilitate a more integrated approach to safeguarding learning and development to ensure all partner workforces are appropriately skilled to provide a good quality and safe service for adults with care and support needs and their carers.

- **Introduction of a training pool model –** within the reporting year an options paper was presented to the Board with the recommended option of the introduction and development of a training pool model. The board agreed to the proposed model and work has progressed in identifying skilled and motivated trainers across member agencies. Further work is required to develop peer supervision and mentoring for the trainers.
- **Learning and development session to plan business priorities –** the group have been proactive in identifying gaps in practice following local Safeguarding Adult and Domestic Homicide Reviews. Learning priorities have been agreed based on improving multiagency training opportunities which include:
    - Human trafficking and modern slavery
    - Supporting adults with care and support needs experiencing domestic abuse
    - Complex safeguarding and legislation interface
    - Implementation of a MCA train the trainer model

- **Seven minute Briefing series -** briefings have been issued following learning from safeguarding outcomes which include:
    - Information sharing and safeguarding
    - Safeguarding and oral healthcare
    - How to raise a safeguarding alert
    - Safeguarding adult reviews and the Welsh Model
    - The role of advocacy

What difference will this make to service users?

The Safeguarding board is committed to ensuring appropriate arrangements are in place to enable agencies to be skilled and competent in safeguarding. Multi-agency training is highly effective in helping professionals understand their responsibilities in respect of safeguarding practice. By developing a shared understanding of assessment and decision making practices the opportunity to learn together is greatly valued; participants report increased confidence in working with colleagues from other agencies and greater mutual respect. Learning and development is central to ensuring that services are safe and provide high quality care to service users.

Priorities for 2018/19

- Working collaboratively with the LSCB in developing joint learning and development opportunities where appropriate

- Working collaboratively with the other sub groups of the board to support a climate of culture change and learning from safeguarding outcomes
- Development and launch of a Learning and Development Framework for Safeguarding Adults
- Roll out of the training pool model with provision of robust supervision and support for the trainers
- Launch of the multi-agency learning packages in the subjects of modern slavery and human trafficking, complex safeguarding and legislation interface, self-neglect and hoarding, domestic abuse and supporting adults with care and support needs and the introduction of a MCA train the trainer programme
- Development of a programme to quality assure and peer review learning packages
- Embedding the MCA Learning and Development Framework across agencies
- Delivery of a self-neglect and hoarding conference
- Delivery of a modern slavery and human trafficking conference
- Continue to publish the 7 minute briefing series in response to local themes and trends
- Continue to strengthen learning and development opportunities via the Board website
- Incorporation of the NHS England Prevent Wrap 3 E- Learning programme via the Board website

LSCB

Key Achievements in 2017/18

- Recruitment of a new learning and Development Coordinator and Business support officer took place on 2017 following the retirement of the previous post holder in August. The new post holders took up their positions in January 2018.
- Taxi driver booklet published, sent to District Councils, four of which requested hard copies. Shared electronically with all DC's and published on website. Evaluation planned.
- New or updated courses such as Modern Day Slavery, FGM 7mb, online safeguarding and Risk Sensible and SMART planning have been added as a result of Training Needs Analysis
- 63 face to face events planned.
- Increase in course attendance - 1324 (920 in 16-17), but also with 144 non-attenders (11%) (112 in 16-17).
- E-learning was more popular and 17,633 (12.782 in 16-17) completed e-learning courses.
- 4 courses were quality assured externally
- 10 seven minute briefings were published (2 rolled over due to L&D vacancies)

What difference will this make to service users?

The availability of trained staff to deliver services will be beneficial to service users and also beneficial to the confidence of staff to deliver the services within Lancashire. Multi agency training always adds another dimension to the training leading to better role identification within the safeguarding system and understanding of organisational positions.

The process of updating training following SCR's and audit ensures that learning is cascaded to the workforce.

Priorities for 2018/19

- Joint conference with Adult Board focussing upon exploitation across all the age groups
- Re write of identified courses
- Maintenance of the present training availability through the safeguarding partnerships
- Identification of a new system upgrade for delivery of e learning and learning management system
- Continuing to respond to identified need from SCR and national and local agendas
- CAF training to ensure multi agency workforce is trained and able to access support in their locality. CAF training to be cascaded via pool of 160 trainers across Lancashire
- Multi-agency Risk Sensible training– capacity to offer places is increased with one course per month delivered in partnership with AP's

6.3 Quality Assurance and Performance Information Sub Groups (LSAB and LSCB)

LSAB

Role – to ensure that the LSAB is assured that there is an effective and wide spread approach in ensuring the safety of adult citizens of Lancashire.

Key achievements for 2017/18

The following achievements have been made based on priorities set out last year

- **Maintaining the commitment from member organisations in supporting the QAAP** – attendance at QAAP meetings is generally good with deputies sent as appropriate. QAAP have challenged some agencies with regards to non-attendance, which has had a positive impact on group membership
- **Identifying key topics for audit for 2017/18 - the first of these being *'Time scales and information sharing'***. Key topics for 2017/18 were:
    - 1 – Timescales and Information Sharing
    - 2 – Making Safeguarding Personal
    - 3 – Mental Health referrals for U65
    - 4 – Establishing a mechanism for gaining assurance that agencies are fulfilling their safeguarding responsibilities (a process equivalents to the LSCB's 'S11' audit return).
- **Ensuring the sub group maintains its focus on its key priorities** – the group made good progress of the key topics listed above. Focus on these areas of interest continues
    1. Audit report with regards to Timescales and Information Sharing yet to be received by board. A significant amount of time was needed to ensure the audit was robust enough to deal with the complex referral process into the local authority prior to the audit being undertaken. The group also focussed on ensuring that the audit tool was detailed, relevant to as many agencies as possible and included all relevant questions.
    2. MSP Audit. Audit returns have been received. Feedback event planned for Summer 2018.
    3. Mental Health referrals for U65. Initial audit report presented and concerns highlighted to board. Re-audit undertaken April 2018, subsequent audit report due to be presented at next board meeting.
    4. Work undertaken alongside the LSCB QAPI group to develop an all-age safeguarding assurance document. Returns received.

- **To further refine the performance data presented to the group and the board –** Performance dataset extended throughout 2017/18. QAAP group given opportunity to receive all data on a quarterly basis and decide based on group discussions which indicators are included in the quarterly performance report to board
- **To explore how the QAAP will align to the Safeguarding Adult Review (SAR) and the Learning and Development (L&D) sub groups –** links developed between SAR and L&D sub-groups. Several QAAP members (including board Business Manager and chairs for both SAR and L&D sub-groups) attend all 3 sub-groups and act as the conduit for information sharing. We also have a standing agenda item for themes from SAR's and feed information through to the L&D when requested.

Other key achievements include:

- **Domestic Abuse multi-agency audit –** completion of DA audit and presentation at the joint board meeting in September 2017. Considerable progress made in relation to the Action Plan which was formulated based on the recommendations of the DA audit.
- **Making Safeguarding Personal annual assurance document –** QAAP made local amendments to the ADASS MSP assurance tool and distributed to board member agencies for completion. The MSP assurance tool provides agencies with the opportunity to benchmark themselves with regards to the extent to which MSP is embedded within their agency. MSP feedback event planned for Summer 2018 to discuss the findings of the assurance exercise and discuss how the LSAB use this information to improve practice.
- **Timescales and Information Sharing audit –** a significant amount of time was invested in better understanding the process for making a safeguarding referrals prior to commencing the audit. Agencies have completed the audits that are relevant to their organisation.
- **Mental Health audit of U65 –** Audit of mental health referrals for U65's undertaken by members of QAAP sub-group. Findings reported through to board and concerns raised and addressed appropriately via an Action Plan. Re-audit recently undertaken and due to be presented at next board meeting.
- **Performance / dataset –** the sub-group receive an increasing amount of data and have become more involved in discussing what this data means with regards to safeguarding. Interrogation of data has improved in 2017/18 with QAAP members offering challenge and suggesting areas for future consideration.

  Specifically of concern to QAAP sub-group is the backlog of DoLS applications and how Lancashire compare Regionally and Nationally. This will be taken forward as a key priority for 2018/19.

  CQC data relating to CQC Inspections is routinely collated for the sub-group and included in the quarterly reports to board.

<u>What difference will this make to service users?</u>

- The implementation of an 'all-age' assurance document, evidences that agencies are fulfilling their safeguarding responsibilities. Quality assurance of these returns will provide assurance to service users that agencies are being challenged on the content of their return.

- Improvements to the dataset enable the board to be better sighted on potential safeguarding issues, thus putting the board in a better position to respond to any issues/declining performance (i.e. DoLS backlog).
- Making Safeguarding Personal annual assurance – ensures that agencies are considering MSP in detail and making efforts to ensure that the MSP concept is embedded throughout their organisations
- Timescales and Information Sharing audit – investigating this topic should help us to understand whether there are any unnecessary delays in agencies raising and responding to safeguarding concerns. Improvements in this area would have a positive impact on service users with regards to the timeliness of quality of response received from agencies

Priorities for 2019/18

- **Deprivation of Liberties** – to seek assurance from the Local Authority that DoLS Applications are prioritised and actioned appropriately.
- **Performance Dataset** – to continue to develop the LSAB multi-agency performance dataset and to seek meaningful analysis from agencies which can better explain what the data means.
- **Safeguarding Annual Assurance** – working together with the LSAB QAAP sub-group to quality assure and challenge agencies with regards to their S11/Care Act compliance returns
- Setting of the QAAP groups priorities has been delayed until the new joint Business Plan for the Boards is finalised. It is anticipated that future audits will include an audit of current DNA CPR/MCA process, DoLS audit and any other topics which are highlighted for QAAP within the final business plan.

LSCB

Role – to develop QA capacity and test the quality of multi-agency responses to vulnerable children and their families in order to inform service development and training needs.

Key achievements for 2017/18

The following achievements have been made based on priorities set out last year

- **Complete risk register amalgamating risk that currently sit at a sub group level and ensure regular updates to board –** work undertaken in 2017 to agree risk appetite. Risk register recently updated and priority rolled over into 2018/19 due to decision being taken to refresh Business Plan and Risk Register and produce joint documents to cover both Children's and Adult's boards
- **Robust analysis of S11 audits utilising new format and all members of the QAPI group to agree partners to be challenged –** priority addressed in full. Extended QA activity undertaken, including desk based assurance of S11 returns and challenge events to a variety of agencies
- **Undertake agreed multi-agency audits and focus group reviews**
    - Multi-agency audit of non-accidental injuries (this was not received by board until May 2018 – although all the audit work was undertaken in 2017/18), this topic was chosen in response to recommendation from child LE SCR.
    - Cannabis survey (in response to recommendations from 3 Lancashire SCRs).
    - Re-audit of Strategy Discussion / S47 Process

- **Monitor completion of action plans against completed audits** – completion of action plans has progressed throughout the year, QAPI have oversight of the progress made and sign off action plans accordingly. An action plan was also prepared to address additional work needed to ensure District Councils were fulfilling their safeguarding responsibilities.

Other key achievements include:

- **S11 Returns –** extended quality assurance activity of 2017 S11 returns. Desk based quality assurance of every S11 return undertaken by members of the QAPI group and quality assurance visits undertaken to identified agencies.
- **District Council engagement event –** S11 feedback provided to District Councils as a collective via a half day engagement event. This was well received and also gave the LSCB the opportunity to brief the District Councils on recent SCR/SAR publications and to encourage the District Councils to work more closely with the boards.
- **Joint work undertaken with Adults QAAP group to amend S11 template and produce an all-age assurance template –** review of S11 template by members of QAPI and QAAP group. Questions considered and amended to ensure they are applicable to all ages. Annotated version of the template created to assist agencies in completing the return.
- **NAI Audit –** significant planning undertaken prior to NAI audit commencing. Ensuring the cases chosen for audit are appropriate and provide the opportunity to multiple agencies to be involved in the audit. Additional time taken by QAPI to review the audit tool used in order to ensure that the questions included cover all areas of interest and allow us the opportunity to fully address the recommendation made in child LE SCR
- **Cannabis Survey –** Survey Monkey created and distributed to partner agencies to survey staffs understanding of cannabis and their awareness with regards to the effect on parenting capacity. Over 500 returns received and comprehensive report written for board detailing the findings of the survey. Cannabis briefings rolled out across Lancashire and a repeat survey planning for late 2018 to measure the impact of the briefing sessions.
- **Re-audit of strategy discussion/S47 process –** re-audit undertaken to establish whether the recommendations made in response to the original strategy discussions audit (2017) had been embedded. Evidence found within CSC records of improved recording of strategy discussion attendance, multi-agency involvement and improvements with regards to the experience level of the social worker involved in the case.
- **Performance –** ongoing efforts made to improve the LSCB Multi-agency dataset, including adding additional indicators to the dataset in relation to CSE, Missing and Health. Level of analysis included within board report also continues to improve.

<u>What difference will this make to service users?</u>

- S11 process is more robust, providing service users/wider public with assurances that agencies are required to evidence that they are fulfilling their safeguarding responsibilities adequately.
- QAPI priorities are fed by recommendations from SCRs, proving that we are learning lessons from SCRs and taking action to try and prevent future harm.
- Improvements to the dataset enable the board to be better cited on potential safeguarding issues.

- Closer working with District Councils, reinforces the fact that safeguarding is everybody's business.

Priorities for 2018/19

- Working together with the LSAB QAAP sub-group to quality assure the S11/Care Act compliance returns
- Completion of Action Plans relating to multi-agency audits
- Consideration to be given to the Joint Targeted Area Inspection (JTAI) auditing process and JTAI audit topics

6.4 Policies and Procedures Sub Groups (LSAB and LSCB)

Role – to develop local policy and procedures in relation to safeguarding and to scrutinise local arrangements.

LSAB

The sub group was established in November 2017 and developed Terms of Reference to support the governance arrangements and function of the group. The function is to include horizon scanning with regard to new legislation and best practice; to include policies and procedures commissioned by the LSAB; terms of reference to be reviewed every 12 months and current membership to include a Police representative, Advocacy Focus, Social Work from LCC, representation from CCG, housing and provider representative.

Policy review programme agreed as follows:

1. People in Positions of Trust
2. Self-Neglect
3. Hoarding
4. Making Safeguarding Personal
5. FGM (LSCB)
6. Resolving Professional Disagreements (LSCB)
7. SAR Protocol
8. Financial Abuse – *to be looked at in 2018*
9. Domestic Abuse - *to be looked at in 2018*
10. Modern Slavery – *to be looked at in 2018*

Key Achievements for 2017/18

There has been progress made on policies numbered 1-7 with several policies either agreed or in final draft. For these policies to be developed there has been several task and finish groups that have been established where there has been good multi agency working, including challenge and ensuring that each agency were able to raise their issues.

What difference will this make to service users?

Service Users should have a consistent approach from agencies when they have been unable to protect themselves against abuse or harm enabling them to be supported and protected when they are in high risk situations.

Priorities for 2018/19

The group will continue to work on the completion of the policies in draft form and also work on Policies relating to Domestic Abuse, Financial Abuse and Modern Slavery on behalf of the LSAB.

LSCB

Key Achievements for 2017/18

The group has become well established within the reporting year, gaining a clear position and direction in readiness for 2018/19. Key achievements include:

- Review of membership
- Agreement of a clear Terms of Reference
- Review Tri-X Communication and establishment of Pan-Lancashire and Cumbria Adult Safeguarding Procedures
- Prioritise outstanding actions from other sub groups, including SCR.

What difference will this make to service users?

It will help to improve practice to allow for a prompt and appropriate response to safeguarding needs.

Priorities for 2018/19

- To finalise concealed and denied pregnancy guideline.
- Resolving Professional Disagreements process – to be reviewed
- Review pre-birth protocol
- Develop Standard format for presentation to LSCB.

6.5 Mental Capacity Act Implementation (MCA) Sub Group (LSAB)

Role – to advise the LSAB on processes, procedures and outcomes in relation to the implementation of the MCA and Deprivation of Liberty Safeguards (DoLS).

Key achievements for 2017/18

The group have made considerable progress in the reporting year and have achieved the priorities outlined on the work plan. Key areas of success include:

- Providing assurance to the Board on how the MCA is embedded across its member agencies responsible for adults with care and support needs
- Completion of a benchmarking exercise using the ADASS MCA improvement tool
- Development of a suite of learning and development resources
- Completion of the Pan Lancs MCA research project and stakeholder event to disseminate the research findings
- Provision of targeted educational sessions for services

- Raising awareness of the Act with the public and carers
- Development of best practice guidance for professionals on 'do not attempt resuscitation' DNAR CPR
- Incorporation of service improvement initiatives following the outcomes of Safeguarding Adult Reviews
- Development of a best practice sample MCA/ DoLS policy for use across agencies or to benchmark against existing policies
- Implementation of a best practice covert medication pathway

Other headline achievements include:

- **Mental Capacity Act Learning and Development Framework** – the group have developed a MCA Learning and Development framework. The framework is based on the University of Bournemouth competencies and is a forward looking document which sets out a suite of training packages with the aim of supporting the achievement of MCA implementation across the Health and Social Care Economy. The framework will contribute to agency effectiveness over the coming years with the best practice packages being accessible via the Lancashire Safeguarding Adults Board's (LSAB) website.
- **Multi agency audit against the ADASS Improvement Tool** – the group conducted a multiagency audit to assess the quality of services with the aim of identifying and promoting good practice and to highlight areas for further development. The tool is grouped into four main themes and includes:
    - Outcomes and experiences for people using services
    - Leadership, strategy and commissioning
    - Service delivery and performance
    - Partnership working

  An action plan is in progress which is being monitored by the Board. Despite a significant amount of progress over the year in awareness raising and developing best practice to support MCA implementation, there have been a number of challenges demonstrated in learning identified from Safeguarding Adult Reviews. This highlights the need to do more around sharing consistent messages of implementation of the Act and holding agencies to account in the embedding of the Act in practice. Further work is required by the subgroup in the coming year to monitor the effectiveness of MCA implementation and to provide assurance to the Board.

- **Pan Lancashire MCA Research Project –** NHS England North region commissioned a 12 month research project across Lancashire. The aim of the project was to explore the experiences of working with the MCA and DoLS within health and social care settings. Following the conclusion of the research a stakeholder event was held with over 250 people in attendance. The findings demonstrated that:
    - There is a lack of access to expert training/case law updates for MCA leads within the private sector; statutory services are able to access expert training/ case law updates
    - There is awareness of the MCA across agencies but staff have difficulty in applying the principles in practice
    - There are inconsistent messages between the Supervisory Body and the regulator

  The findings were shared with the Safeguarding Board and NHS England with the aim of the recommendations being taken forward from a national, regional and local perspective. The

actions have since been incorporated within the ADASS action plan for the sub group to consider how current arrangements can be strengthened.

- **Multi-agency targeted training opportunities –** using funding provided by NHS England Browne Jacobson were commissioned to deliver four multiagency practice events on case law / MCA & DoLS and court preparation workshops. The sessions were targeted at MCA leads / senior practitioners and were well attended and evaluated well.
- **Public / Carer engagement awareness opportunities** – three carers events were delivered across the Lancashire localities using 'Afta Thought', a drama based educational company. The sessions provided real life scenarios on the principles of the Act and understanding of individuals rights. The sessions were well attended with over 120 people attending across the three localities. The public made the request for 'more sessions like these' with the sub group keen to deliver further training when funding opportunities become available. Key areas of discussion included:
    - DNAR and Lasting Power of Attorney
    - Supporting older parents with capacity and decision making
    - Court Appointed Deputies/ Lasting Power of Attorneys and transition into adult services.
- **Court of Protection (COP) collaborative task group –** a task group was set up to standardise MCA/ DoLS with the aim of improving consistency in approach across the CCGs and Local Authority where application to the Courts are required. The group was initiated to formalise the dialogue between health and social care to ensure involvement in court proceedings is as timely and effective as possible. The group brings together lead professionals with responsibilities for coordinating, overseeing, managing and / or making applications to the COP on behalf of the CCGs and Local Authority. The group reports into the subgroup around areas for development and service improvements. A recent success includes the development of a standardised prioritisation tool to determine individuals who are supported in a domiciliary setting and may need an application to the Court.

What difference will this make to service users?

The Mental Capacity Act 2005 is an important piece of legislation and one that will make a real difference to the lives of people who may lack mental capacity. It empowers people to make decisions for themselves wherever possible and protects people who lack capacity by providing a framework that places individuals at the heart of the decision-making process. It enables individuals to participate as much as possible in any decisions made on their behalf and ensure that these are made in their best interests. The Act also allows people to plan ahead for a time in the future when they might lack the capacity, to make decisions for themselves. All agencies have a responsibility to ensure that the services they provide pay regard to the MCA and the principles outlined within the Act.

The sub group is committed to ensuring that best practice information is available for service users, and the public about the MCA and about the promotion of the rights of individuals who may lack capacity to consent to care and treatment. Service user views are incorporated into practice development initiatives where possible.

Priorities for 2018/19

- Working collaboratively with the LSCB in strengthening awareness of MCA / DoLS for services supporting young people age 16 & 17 years old, including improving service user experience of MCA for young people transitioning into adult services
- Raising awareness across agencies regarding use of Advocacy Services incorporating Care Act requirements and Making safeguarding Personal
- Embedding the MCA Learning and Development Framework across agencies via the Board Learning and Development sub Group.
- Improving experiences and outcomes for people who use services regarding MCA, by the development and implementation of a standardised audit tool for use across board agencies
- In collaboration with the Communication and Engagement Sub Group of the Board to inform the development of consistent customer feedback tools, to gain customer feedback regarding experiences of the MCA/DoLS in practice
- Continue to seek assurance regarding performance and resource management within the Local Authority and Lancashire CCGs around the management of the backlog of unauthorised DoLS and the impact on service user experience
- Continue to support agencies in strengthening arrangements to ensure the embedding of MCA/ DoLS in practice and seeking assurance via the Board

6.5 Practice with Providers Sub Group (LSAB)

Role – a multi-agency forum to discuss the wide safeguarding agenda following amendments to the Care Act, with a view to raising awareness and sharing learning across agencies and providers.

Key achievements for 2017/18

- The LSAB safeguarding guidance and its appendices, referred to above has been shared widely with practitioners and providers alike promoting that safeguarding is everybody's business. Importantly the guidance seeks to support registered providers have confidence and understanding as to when to raise safeguarding alert with the Multi Agency Safeguarding Hub. The purpose is to encourage appropriate alerts with inappropriate alerts reduced
- Appendix 4 to the LSAB concerns guidance – incidents between service users was developed and approved. This guidance promotes services being proactive to prevent incidents in the first place but when incidents occur to increase understanding within provider services as to the actions to be considered including when to raise a safeguarding alert.
- A 7MB on oral health (work commenced in January 2017) was finalised and promoted with providers to promote good oral health in services to reduce the incidence of omission or neglect in this area
- An example of a sample Nursing and Residential Safeguarding Policy which is Care Act compliant has been shared to support providers with this requirement.
- A task and finish group was established to update DNAR CPR guidance for Care and Nursing homes. This work was needed following guidance launched in June 2017 whereby when health professionals discover that a person is dying as an inevitable result of advanced, irreversible disease or a catastrophic event and there is no realistic prospect of a successful outcome, CPR should not be offered or attempted. The updated guidance for Care and Nursing homes is now available.

- Safeguarding Guidance for Providers when completing Internal safeguarding enquiries and a Provider led safeguarding enquiry template has been developed.
- The Residential Champions model was launched in 2015 and these champions meetings have grown in success and in attendance. Concerns identified in safeguarding alerts and through the quality improvement planning meetings highlighted particular difficulty many domiciliary providers have in complying with the MCA, despite having some level of training. A Domiciliary Champions Forum was launched during the year (facilitated by LCC with input from the CCG's) with three meetings taking place each year and commenced in January 2018. (April and October 2018 booked) the Champions forum through the use of case studies and group work is providing an opportunity to gain greater depth of understanding to shape day to day safeguarding practice
- Adverse Childhood Experiences - the group received a presentation on the impact of ACE's into adulthood and the consequences on the adult's health and social wellbeing. Referred to the LSAB for further consideration
- Prescribing for Clinical Need Policy – the Head of Medicines Optimisation from the Chorley and South Ribble CCG attended the sub group to enable discussion and increased understanding of the research and evidence for this low priority prescribing policy. Providers were provided with further written information regarding homely remedies and Q&A information sheet for patients.

What difference will this make to service users?

More than 50% of all safeguarding alerts to LCC are received from residential and nursing home providers. This increases to more than 70% when alerts from domiciliary and supported living services are included.
The sub group of the LSAB promotes and support residential and domiciliary provider in Lancashire to understand their safeguarding duties and responsibilities to mitigate risks and provide safe services so that adults with care and support needs in receipt of these services are protected from abuse and neglect and their care needs are safely met.

Service user 'voice' is heard and directs safeguarding activity to achieve the outcomes that they want to feel safe and protected from abuse.

Through sharing (from SAR's and Complaints) promote a culture of learning from errors and continuous service improvement

Priorities for 2018/19

- The sub group will engage and support Providers to contribute and support the LSAB key priorities for 2018/19
- MSP will continue to be discusses at each meeting to keep this important Board priority high on the agenda and provide the bed rock for all the work that is delivered.
- The LSAB safeguarding concerns guidance approved in April 2017 will be reviewed and amendments made in the light of operational use and re-issued
- Finalise an Easy Read version of the DNAR CPR leaflet

- Develop guidance for practitioners and providers as to the considerations and actions needed when financial abuse is suspected
- A sample Safeguarding Policy for Non-residential services will be developed
- Continue to support and develop the Domiciliary Champions Model
- Raise awareness with Providers and take forward learning from SAR's appropriate to service providers

6.6 Leadership Sub Group (LSAB)

Role – a multi-agency forum to discuss the wide safeguarding agenda following amendments to the Care Act, with a view to raising awareness and sharing learning across agencies and providers.

Key achievements for 2017/18

This year some of the subjects we have explored and shared learning around the following areas:

- Prevent and Channel process (government's strategy on counter terrorism)
- Female Gentile Mutilation
- Advocacy
- Scams and trading standards work
- Financial abuse and safeguarding
- Making safeguarding personal
- MASH and safeguarding service
- Domestic Abuse
- The effects of hoarding on people
- Adult social care policy and procedures for managing service provider and quality and performance in community services
- The importance of advocacy.

What difference will this make to service users?

By sharing knowledge and expertise in the above areas, partners are able to embed this within their organisation and ensure that their staff are aware of how to deal with this broad spectrum of concerns and where they can access support.

Multi agency professionals have a link to the board through this group and provide feedback to the board as appropriate.

Priorities for 2018/19

- Human Trafficking and Modern Slavery;
- Domestic abuse;
- Communication of Board priorities;
- Development of pictorial communication aids;
- Learning around safeguarding adult's reviews
- Self-neglect framework.

6.7 Lancashire Child Sexual Exploitation Operational Group (LSCB)

Role: Operational multi-agency group to ensure a coordinated multi-agency response to CSE.

Key achievements for 2017/18

The work conducted by this group in 2017-18 has been disjointed. This is as a result of several changes to the chair position and some slippage on the action plan for the group. A new chair was appointed in October 2017. Since the appointment of a new chair, the group is meeting regularly and has gained some momentum in relation, focusing on the following:

1. Re-energising the group
2. Assessing the groups purpose and mandate
3. Creating effective governance in the form of priorities, an operational plan and generating actions.

As a result of these priorities the group is in discussion with the Board around a rebranding to take account of the wider mandate for the group than has previously existed and now encompasses child criminal exploitation and human trafficking and modern slavery.

The group has also made significant progress in formulating performance indicators for child safeguarding (particularly within the Police). The intention is to use this progress to create a wider multi-agency performance programme that is built on Microsoft business intelligence and will provide the group with a multi-agency performance dashboard. Of note, the new indicators are more holistic and are focused upon a child centric purpose which is "Keep me Safe. Listen and Believe me. Make it stop". With this approach we aim to measure impact and evidence outcomes more effectively.

What difference will this make to service users?

Now the group has improved co-ordination and governance it can return to its previously productive state. This will improve the service delivered to victims of exploitation in Lancashire through improved awareness amongst safeguarding practitioners and sharing of best practice.

Immediately, the dash boards being created will serve to enable the group to understand the impact they are creating so future assessments can be more meaningful.

Priorities for 2018/19

- Improving and creating consistent working practices between the various partner agencies that relate to exploitation.
- Conducting bespoke intervention programmes to protect and safeguard children of exploitation.
- Improving performance measurement at a multi-agency level to increase understanding of impact.

6.8 Pan-Lancashire Online Safeguarding Sub Group (LSCB)

Role – To raise awareness and support agencies in protecting young people from the risks associated with the use of the internet and social media.

Key Achievements for 2017/18

- Continued development of (Pan-Lancashire) Online Safeguarding section of LSCB website with increasing use by stakeholders
- 'LSCB Responding to Sexting Flowchart' resource developed to counter mis-information and support Pan-Lancashire schools in appropriately addressing Sexting instances in-line with recommended best practice.
- 'LSCB Making Sense of…Keeping Children Safe in Education', 'LSCB Governor Checklist' and 'LSCB Responding to Sexting Flowchart' resources have received very positive reception from Schools. Resources received positive feedback from Ofsted during school inspections. A number of requests received from other areas of the UK to utilise the Lancashire resources.
- Successful delivery of Keeping Children Safe Online (KCSO) Foster Carer/Adopter course series (c. 300 parents/carers)
- Online Safety Live 2018 successfully delivered attracting highest ever attendance. Feedback immensely positive with increased engagement from primary sector colleagues
- Large cross-sectional dataset developed for children's workforce including evidence to allow historical comparison and inform future support priorities
- P4S (preventforschools.org) – continued maintenance. Continually increasing usage both within and beyond Lancashire region. Highest ever traffic recorded (to-date) in January 2018
- Historical and largely outdated policies and procedures information on Tri.x platform updated to reflect current recommended guidance and best practice
- Continued engagement at national level to inform, influence and develop national progression
- LSCB-produced resources regularly attract broad interest from the wider UK and beyond
- Interpreting strategic/high-level requirements into practical guidance remains popular (e.g. 'Making Sense of…KCSIE', 'Governor SRT Checklist') both at local and national level

What difference will this make to service users?

- Service users have access to quality research on current and future developments as the (often complex) online safety agenda continues to develop (e.g. Impact of Social Media on CYP's Emotional Health & Wellbeing)
- Increased confidence across Children's workforce to support addressing the broadening online safety agenda through an informed approach
- Governors and proprietors have a clearer understanding of responsibilities in relation to Online Safety and best practice recommendations
- Teachers and professionals have access to current, good quality resources to support delivery and inform progression
- Improved consistency of online safety-related activity and core messages across the Lancashire children's workforce
- Improved understanding and acknowledgement that Online Safety is an increasingly important key area of Safeguarding provision

Priorities for 2018/19

- Provide annual Online Safety Live (OSL) event in 2019 as principal Pan-Lancashire engagement event to support Online Safety and provision of workforce dataset
- Build on central Govt focus and forthcoming UK Internet Safety Strategy priorities
- Maximise opportunities provided through UK Council for Child Internet Safety (UKCCIS) 'Connected Framework' guidance to support age-appropriate education beyond historical online safety messages
- Maintain and further develop online web presence as principal engagement resource for Quality Assured Online Safety guidance and recommended best practice
- Progression of Parent/Carer engagement priorities as highlighted in OSL 2018 workforce dataset plus broader key areas for support identified through OSL 2018 dataset
- Maintain, review and develop P4S website to support schools in progression of Prevent duty-related priorities
- Develop securing the views of Lancashire's C&YP re: Online Safety through engagement opportunities to inform future progression and improve effectiveness and education
- Provide opportunities for practitioners to develop 'beyond-awareness' knowledge and skills
- Continued delivery of KCSO for Foster Carers and Adoptive Parents in-line with progressing support for vulnerable groups
- Review and update LSCB 'Making Sense of…KCSIE' guidance to reflect 2018 revisions highlighted in DfE 'Keeping Children Safe in Education'
- Increased engagement across children's workforce partners to address challenges of in-silo activities and outdated approaches
- Reflect LSCB joint-business approach through development of adult-focussed provision including vulnerable groups and associated risk areas

6.9 Pan-Lancashire Child Death Overview Panel (CDOP) (LSCB)

Role – Reviews all child deaths in Lancashire to identify themes and trends to inform preventative developments

Key Achievements 2017/18

- **CDOP Conference –** in May 2017 the SUDC Prevention Group hosted the 'Make Every Contact Count' conference. The aim of the conference was to assist frontline practitioners in preventing infant deaths and to give practitioners more confidence when delivering safer sleep messages to parents and to also challenge parents regarding safer sleep arrangements. The aim of the conference was to also provide information about what happens when a child dies and how they are investigated. Various professionals from across Pan-Lancashire presented including the SUDC team, members from Public Health, LCFT, Lancashire Constabulary and the Blackpool Coroner. The theatre group 'AftaThought' delivered two live performances around infant deaths and safer sleep which were very powerful. The conference was well attended with over 120 delegates in attendance and received excellent feedback.
- **Safer Sleep Campaign** – the Campaign has continued to supply professionals with materials to support them in providing consistent messages to parents/ carers across pan-Lancashire. For the third year running a bulk order of the materials was placed with regional colleagues

(Pan-Cheshire and Merseyside CDOPs). This significantly reduced the cost for pan-Lancashire and provided regionally consistent messages and reduced cross-border differences particularly for acute trusts.

- **SUDC Service Development –** in response to the SUDC Service review that was undertaken in 2016 the SUDC Service with support from CDOP business members explored the most cost efficient ways with commissioners to extend the service. In response, the service is currently in the transition of extending to a 7-day service in order to be more compliant to Working Together 2015 and the Kennedy Principles 2016. Equity of responses will also be improved. It is thought that the service will be fully up and running by September 2018.

What difference will this make to service users?

Under Working Together 2015, Chapter 5, the CDOP is a statutory function of the Local Safeguarding Children Boards that reviews all deaths of children resident across pan-Lancashire from age 0-17 years to prevent future deaths and to analyse themes and trends. By far, one of CDOPs biggest achievements is the safer sleep campaign that outlines the six steps to safer sleep. The campaign is embedded into frontline practice across community and acute trusts, voluntary organisations and children's centres. Since its launch in 2014 the number of safer sleep deaths have decreased. However, this does still remain an issue and CDOP continually looks to improve the campaigns.

Additionally, reviewers on behalf of CDOP have undertaken thematic reviews into deaths due to trauma and other external factors, deaths due to infection and an audit has been undertaken into the CDOP cases to analyse the number of ACEs. Reviews such as these give a greater insight into particular themes with the aim of implementing recommendations to try and prevent similar deaths.

Priorities for 2018/19:

- Transition to the new Child Death Review Guidelines and proposed changes
- Ensure CDOP is integrated into wider networks/partnerships and collaboratives
- Ensure that CDOP is involved in the Strategic Suicide Prevention Group
- Monitor the CDOP database
- Monitor the extension of the SUDC Service
- Implement recommendations from the ACE audit
- Implement recommendations of the reviews into trauma and infection
- Engagement with GPs
- Monitor the SUDC Prevention Group

6.10 Joint Communication and Engagement Sub Group

Role – to enable the effective delivery of key messages and awareness raising around issues of safeguarding for the residents of Lancashire

The Communication and Engagement Sub Group was established in June 2017/18. Whilst initially established as a Lancashire group, members agreed that a pan-Lancashire approach would be more effective and so the membership was extended to reflect the wider footprint and it now covers all three local authority areas.

The group meets on a quarterly basis and the main focus of the reporting year has been around full establishment of the group with Terms of Reference agreed in November 2017, and the creation of a Communication and Engagement Strategy and supporting work plan.

In January 2018, the group agreed 5 key priorities for the year ahead, which was agreed by Lancashire, Blackpool and Blackburn with Darwen Boards. The priorities are:

1. Safeguarding is Everyone's Business;
2. Domestic Abuse;
3. Self-Neglect;
4. Online Safeguarding;
5. Safeguarding in Extremism and Radicalisation.

<u>Key Achievements for 2017/18</u>

- Full establishment of the Sub Group and Terms of Reference;
- Development and agreement of a Strategy and supporting work plan for 2017/18;
- Initiated the development a suite of 'Safeguarding Leaflets' to promote an awareness and understanding of safeguarding in various settings to assist practitioners and members of the public in recognising that safeguarding is everyone's business, and what to do when there is a concern;
- Developed business case and gained agreement to enter a pilot of a secure members area/collaborative workspace for Board members;
- Twitter – both the LSAB and LSCB Twitter feeds have been utilised again during 2017/18 to further promote key safeguarding messages. In June 2018, the decision was taken to merge the two accounts together with a view to sharing joint messages in the future. Over the reporting year, the platform has been used to support many national and local campaigns and signpost users to information and support. Examples of campaigns include:
    - Child Safety Week – June 2017
    - Exam Results support – August 2017
    - Lancashire CSE Awareness Week – November 2017
    - Road Safety Awareness Week – November 2017
    - Safer Internet Day – February 2018
    - National CSE Day – March 2018
    - Safer Sleep Week – March 2018
- Establishment of an annual Safeguarding Awareness Week – the first awareness week took place outside of reporting year in June 2018. The week was a slightly scaled back approach, utilising social media to promote safeguarding messages around "Safeguarding is Everyone's Business" and sharing information on the types of abuse; how to spot the signs; and how to report concerns. The week will become an annual event.

Priorities for 2017/18

- Agree and undertake actions to deliver key messages against the five campaign areas set out above;
- Establish and publish quarterly newsletters regarding safeguarding matters;
- Further develop the LSAB website, and review and update existing content of the LSCB website;
- Establish effective methods of engagement to gain the views and input of service users;
- Identify methods to measure the impact of communication and engagement activity.

6.11 MASH Strategic Board

Role: Implementation of the re-design of MASH, which had been agreed by partners. An Improvement Partner was appointed in May 2017 to provide additional capacity to work with partners to bring about the changes.

Key Achievements for 2017/18

As part of a review of the MASH, multi-agency practitioner events and a multi-agency diagnostic involving the Lancashire Safeguarding Children Board (LSCB) were undertaken and identified there was a need for change. The review considered the purpose of the MASH and the flow of work into the service alongside the processes in operation. This identified duplication and too many steps in the process. It was recognised that multi-agency working practices were required for all referrals into the front door. (At that time the MASH only dealt with Police referrals. All other referrals went into a single agency (local authority – children's services) Contact & Referral Team). As part of this work, the Police Futures Team along with partners undertook a review of referrals into the "front door" using a systems thinking approach. The developments highlighted below came out of a multi-agency recognition that the purpose of the MASH was to focus on timely decisions with the child and family at the forefront.

As a result, a service re-design commenced in May 2017 with the following key developments: -

- Reconfiguration of MASH into a locality model with partners sitting together on a North, Central and East footprint in one large room in Lancashire House, Accrington. This mirrors the structure of the locality social work teams. Police, Children's Social Care, adult safeguarding, health practitioners and MASH early help officers are co-located in each team. Probation, education workers and an Independent Domestic Violence Advisor (IDVA) are sitting in the same room on a centralised basis so they are easily accessible to each MASH locality team. Fire and Rescue, substance misuse and the Youth Offending Team (YOT) are virtual partners. This means there is a consistent group of multi-agency professionals managing the work in one geographical area only. This has enabled relationships to be built within the MASH and with partner agencies outside of the service, including a shared understanding of roles and responsibilities and aims and objectives. Information sharing and decision making has improved because of the close proximity of partner agencies.
- Police vulnerable person (PVP) referrals are triaged by the Police in each MASH locality team prior to entering the MASH and those at level 2 are stepped down to the Children and Family Wellbeing Service (CFWS) in the relevant MASH locality team or to the early help integrated teams/Police Early Action Teams. These are at varying stages of development, with the intention

that they will be fully operational across the county by April 2018. Children's Social Care have implemented a model whereby the triage, information sharing and decision making on contacts and referrals involves one social worker and one manager in the same team from start to finish, preventing unnecessary handovers and delay.

- Dispensed with the distinction between MASH - dealing with Police referrals only and the Contact and Referral Team (CART) - dealing with referrals from any other source. The MASH is now a single point of contact for any concerns relating to a child not already open to Children's Social Care.
- Changes have been made to the role of the Customer Access Service (CAS), with clearly defined roles depending on whether a telephone query relates to an existing open case to Children's Social Care or a new referral. Whereas previously the CAS (unqualified staff) dealt with all telephone calls and where appropriate signposted to other agencies, all calls regarding a child welfare concern are now transferred to a qualified social worker, thereby, bringing expertise closer to the customer. Qualified social workers are therefore undertaking triage and assessment with practice manager oversight.
- A MASH service development plan is in place along with new governance documents and the creation of a MASH Operational Group which reports to the MASH Strategic Board. Partners have been fully engaged with the changes and feedback from them is positive. Following the Ofsted monitoring visit to MASH in February 2018 a refreshed plan is now in place focusing on quality of practice.
- A MASH Operational Manual has been developed and work is taking place to upgrade the Liquid Logic Children's System (LCS) to include the Early Help/MASH module. This will further strengthen multi-agency information sharing and timely decision making via one IT system, which partners will have access to. The MASH module will go live in October 2018.
- As a result of the MASH re-design, there has been an increase in the number of Children's Social Care staff in the service.
- Ofsted Monitoring visit to MASH in February 2018 highlighted a number of positives in relation to the MASH re-design, including good management oversight
- Multi-agency training in relation to domestic abuse is being delivered to all staff in MASH
- All partners have received refreshed training in relation to the CoN and thresholds and also risk sensible
- A tracking tool that tracks the timelines of decision making.

<u>What difference will this make to service users?</u>

The above important changes have provided the necessary foundations to now enable there to be a focus on improving the quality of practice within MASH. We are seeing improved information sharing arrangements between partners and which is contributing to more timely decision making.

Work is taking place with social care staff on the analysis of need and risk including the lived experiences of the child, consideration of relevant historical information and focusing on outcomes.

<u>Priorities for 2017/18</u>

- Continuing to embed improvements in quality of practice and timely decision making for children linked to service development plans

- Implementing the MASH module for all partners to use including new developments involving Lancashire police
- A focus on the MASH re-design relating to adult safeguarding
- Continuing to receive and analyse performance information relating to children and adult safeguarding
- Continued analysis of Contact to Referral conversion rates including volumes.
- Undertaking MASH development day involving partners to reflect on the developments to date and priorities for 2018/19

7. Budget

The below details the contribution and expenditure against the LSAB/LSCB budget during 2017/18.

INCOME	Outturn 17/18
Contributions to Board	
North Lancashire CCG	-33,164
Fylde & Wyre CCG	-33,164
Greater Preston CCG	-28,214
West Lancashire CCG	-14,850
Chorley & South Ribble CCG	-23,265
East Lancashire CCG	-66,329
Police	-76,723
Community Rehabilitation Company 17/18	-4,896
Cafcass	-550
Lancashire County Council	-257,009
Lancashire Teaching Hospitals NHS Trust	-4,000
Training income	-7,000
Miscellaneous Income	-3,150
Transfer from reserves	-88,233
	-640,546
Child Death Overview Panel	
Lancashire County Council	-74,000
Blackburn with Darwen Borough Council	-14,700
Blackpool Borough Council	-9,800
	-98,500
TOTAL LSCB/LSAB INCOME 17/18	**-739,046**
EXPENDITURE	
Staffing Costs	460,724
Transport	7,614
Supplies	134,159
Training	56,160
Other Expenses	7,416
Provision O/s Invoices	72,973
TOTAL LSCB/LSAB EXPENDITURE 17/18	**739,046**

8. Contact Details

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Appendix 1 – Service Area Annual Reports

1. Local Authority Designated Officer (LADO)	LADO Annual Report 2017 2018 FI
2. Common Assessment Framework (CAF)	CAF.pdf
3. Counter Terrorism	Counter Terrorism.pdf
4. Domestic Abuse	Domestic Abuse.pdf
5. Independent Reviewing Officer (IRO)	IRO Annual Report 2017-18 FINAL.pdf
6. Multi-agency Public Protection Arrangements (MAPPA)	Mappa 2018.pdf
7. Secure Estate (Young offenders institutes)	YOT.pdf
8. Private Fostering	Private Fostering.pdf

Appendix 2 – Attendance Breakdown 2017/18

Lancashire Safeguarding Adult Board meetings Member representation	% Atn
Independent Chair	100
LCC – Director of Adult Services	83
LCC – Lead Member	67
LCC – Head of Patient Safety and Quality Improvements	83
LCC – Principal Social Worker	50
LCC – Quality Improvement and Safety Specialist	67
LCC – County Operations Manager	33
Lancashire Constabulary	100
Chorley and South Ribble, West Lancs and Preston CCG	100
East Lancashire CCG	83
Fylde and Wyre CCG	100
Morecambe Bay CCG	67
Lancashire Care Foundation Trust	100
Lancashire Teaching Hospitals	67
Merseycare NHS Foundation Trust	100
NHS England	33
NW Ambulance Service	50
Probation	100
Cumbria and Lancs Community Rehabilitation Company	100
Lancs Fire & Rescue Service	83
Healthwatch Lancashire	100
Prison Services	33
Progress Housing	100
Lancashire Care Association	50
Lancashire Sport	33
Overall	**75**

Lancashire Safeguarding Children Board meetings Member representation	% Atn
Independent Chair	83
LCC – Director Children's Services	100
LCC – Lead Member	67
LCC – Director Public Health	50
Lancashire Constabulary	83
Chorley and South Ribble, West Lancs and Preston CCG	67
East Lancashire CCG	83
Fylde and Wyre CCG	83
Morecambe Bay CCG	100
Blackpool Teaching Hospitals	50
East Lancashire Teaching Hospitals	100
Lancashire Teaching Hospitals	100
Lancashire Teaching Hospitals (GP Rep)	83
Lancashire Care NHS Foundation Trust	83
Southport and Ormskirk Hospitals	83
University Hospital of Morecambe Bay	67
NHS England	33
Probation	83
Cumbria and Lancs Community Rehabilitation Company	83
Wyre Borough Council	100
The Children's Society	50
HARV	17
Cafcass	83
Primary Schools	33
Secondary Schools **No representative was in place during 2017/18*	0
Further Education	67
Lancashire Association of School Governors	50
Lancashire Fire and Rescue Service	33
Overall	**68**