

## **Lancashire Health and Wellbeing Board**

Meeting to be held on Tuesday, 14 November 2017

### **Lancashire Safeguarding Boards - Annual Reports 2016/17**

(Appendix A is not available for publication as it contains exempt information as defined in Paragraph 2 of Part 1 of Schedule 12A to the Local Government Act 1972. The report contains information which is likely to reveal the identity of an individual. It is considered that in all the circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information).

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#### **Executive Summary**

Statute requires that in every local authority administrative area there must be both a Children Safeguarding Board and an Adult Safeguarding Board. Key local agencies are represented on the boards at a senior level, but the Boards have an Independent Chair. At present in Lancashire both Boards have the same Chair.

Both Boards are required to produce and publish an annual report which reflects on safeguarding practice and issues in the area. The report covers the period from April 2016 to end of March 2017, and can be accessed online at the following link:

<http://www.lancshiresafeguarding.org.uk/media/34971/-lancashire-safeguarding-boards-annual-report-2016-17-final-.pdf>

The report begins with contextual information drawn from Public Health data. Generally, the data reflects more Red/Amber ratings than Green ratings. The data also highlights the complexity of the population in Lancashire, with poorer performance being seen in the areas of highest deprivation. The report then seeks to set out what we know about the vulnerability of the people in terms of safeguarding and what we know about the quality and safeguarding activity in local services.

Additionally a separate Annual Report is prepared by the LSCB's Child Death Overview Panel (CDOP). A brief summary of key issues is included in this report, and the full report is attached at Appendix 'A'. Please note the additional item should not be shared more widely at this time due to the sensitive information contained.

#### **Recommendation**

The Health and Wellbeing Board is recommended to:

Note the content of the reports, comment on any key issues and consider the implications for the conduct of business.

## **1. Background**

- 1.1 In Lancashire a single business unit supports both Boards and every attempt is made to maximise the potential benefits this brings. Common approaches have been developed for the conduct of business and, as far as possible we strive to do things once. For the first time, this year we are publishing the Annual Report as a single report covering both Boards. If required, for example by Ofsted, it can be split into a Children's or Adults report.

1.2 Key issues detailed in the report which may be of particular interest to the Health and Well-being Board include the following:

**Adults:**

Adults - Good practice and improved performance

- More resources have been committed to understanding and addressing issues related to delays in hospital discharges.
- Policies, procedures and guidance around Mental Capacity Act (MCA) implementation have been commended nationally as an example of best practice.
- A significant majority of residential and nursing homes are rated by the regulator, CQC, as good or outstanding.
- High levels of service users report that they feel safe and that the service they received has made them feel safer.

Adults – pressures and concerns

- Applications in respect of Deprivation of Liberty (DoLs), far outstrip capacity to deal with them and there are significant backlogs.
- A significant backlog of safeguarding alerts was reported in the previous Annual Report. This has continued to be a concern throughout 2016-17. (Recently the local authority have found additional resources to deal with this and the outcome will be reported in the 2017-18 report).
- There has been an increase of 30% in cases identified as vulnerable adults by the police – the largest number are as a result of domestic abuse.
- Although the total number of cases is small, there has been a significant increase in cases of so-called honour based violence.
- Thresholds for referral to Adult Social Care are not sufficiently well understood across partner agencies resulting in too high a level of referrals.

Adults – challenges

- Clearing backlogs both in DoLS applications and safeguarding referrals
- Increasing understanding of thresholds so vulnerable adults get the right service at the right time, including early help.
- “Making Safeguarding Personal” (MSP) should underpin all adult safeguarding work. While this has been embedded in adult social care we need to see more evidence of this approach being adopted in all settings.

**Children**

Children – Good practice and performance

- There has been a significant increase in the number of families being supported with early help.
- Social worker caseloads have stabilised at an appropriate level.
- The number of Missing from Home incidents appears to have reduced by 24% (may be a data collection issue.)
- The number of children needing to be subject of a child protection plan for more than two years is lower than both the National and regional averages.
- The Children Board’s on-line resources are recognised as of good quality and the Web-pages are well-used, particularly by schools.

## Children – pressures and concerns

- The level of resources committed to child and adolescent mental health is insufficient resulting in waiting lists and inequitable access to services across the county. NHS Spend per child in Lancashire averages out at £43 per child against a National average £49, and the % of children aged 5-17 accessing the service in 2016/17 averaged 0.37% against a National average of 2.62%.
- The level of complexity combined with inefficient working practices for management of incoming work have had an adverse impact on the volume of referrals. This has however been an area of attention, additional resource and more recent improvement.
- The numbers of children needing a child protection plan, though marginally lower than last year, remains higher than the National average.
- The numbers of children looked after by the local authority continues to rise and is higher than both the National and North West average.
- Although improving, completion of assessments by Children's Social Care is still not meeting the required timescales.
- Around 1,000 children who are looked after by other local authorities are placed with private/independent sector providers in Lancashire.
- Rates of hospital admission for reasons of mental health or self-harm continue to rise and are above both National and North West averages.
- Asian children are over-represented in overall child death figures.
- Referrals to the MASH include too many children whose interests would be best met by early help.

## Children - challenges

- Embedding access to early help as the first response.
  - Ensuring the redesign of the Child and Adolescent Mental Health Service results in a more accessible and equitable service.
  - Ensuring the improvements made in Children's Social Care are sustained.
  - Piloting new approaches to the MASH and developing a locality based service.
  - Embedding the lessons from audit and Serious Case Reviews into practice.
2. The Board completes a range of quality assurance activities which are reflected in the Annual report. Serious Case Reviews concerning children and Safeguarding Adult Reviews are published (where there are no legal constraints) and learning briefings are always published. A programme of audits is completed each year on subjects linked to the Boards' priorities. Partner agencies who provide services for children and families complete an annual self-assessment against an LSCB template and a proportion are subject of detailed challenge.
  3. The governance arrangements for the Boards is set out in the annual report, as is the work of the sub-groups. Lessons from case reviews and audits are outlined. Partner agencies have also provided a summary of their work in respect of safeguarding and these are embedded in the report.

## **CDOP Annual Report (Full Report – Appendix 'A')**

4. The report is the ninth Annual Report since CDOP became statutory and the fourth as a Pan-Lancashire panel.

### Lancashire's key points to note:

- 80% of deaths reviewed during 2016/17 were completed within 12 months;
- 14% were children from an Asian Pakistani heritage, which appears dis-proportionally represented compared with the child population of 6% in the 2011 Census;
- 34% of the deaths were due to perinatal/neonatal events and 26% were due to chromosomal/congenital abnormalities;
- 28% of deaths had modifiable factors;

- Of this 28%, 39% were perinatal neonatal events, 19% were sudden, unexpected, unexplained deaths;
- The most common modifiable factors were smoking, alcohol/substance misuse in parent/carer and safe sleep.
- During the year a review of the Sudden Unexpected Death in Childhood service concluded, and agreement was reached by the Pan-Lancashire Clinical Commissioning Groups (CCGs) to extend the service to ensure greater compliance with the statutory requirements of the service

## **The Wood Review**

5. Revised governmental guidance around the arrangements for safeguarding children is expected to be published in the autumn. This will require three key agencies, the local authority, the police and the CCGs to determine future arrangements and the statutory requirements for there to be a Local Safeguarding Children Board will be replaced. It is anticipated that new partnership arrangements will be required and are likely to be referred to as "Multi-agency Safeguarding Arrangements". It is anticipated that these new arrangements will need to be in place by end of June 2019.

## **Consultations**

6. All Board partner agencies have been consulted during the preparation of the Annual Report. The report reflects comments made and includes information directly provided by the agencies. A group of young people will be producing a Young Person's version of the report in due course.

## **Implications:**

7. While there is evidence of good practice, significant challenges remain in ensuring services that provide safeguards for vulnerable children and adults are sufficiently resourced to meet demand on a timely basis.
8. The Annual Report covers the period April 2016-March 2017. Priorities for the Boards are set out in the Business Plan and can be found on the web-site. Of likely interest to the Health and Well-being Board are three campaigns which are in development:
  - As a result of child deaths related to non-accidental head trauma the LSCB is developing new materials to support parents in understanding this issue and managing crying babies.
  - As a result of two child deaths in households where parental use of cannabis was a factor the LSCB is working with Public Health and drug service providers on a campaign to ensure professionals better understand the possible impact of drug use on parenting capacity;
  - As a result of findings in several serious case reviews the LSCB is exploring the ways in which professional practice might be developed so that the impact of adverse childhood experiences on future health and well-being, and parenting capacity might be subject of routine enquiry.

## **List of background papers**

<b>Paper</b>	<b>Date</b>	<b>Contact/Tel</b>
• Working Together to Safeguard Children	2015	Victoria Gibson
• The Care Act 2014 – revised 2016		
• Board minutes and reports		

Reason for inclusion in Part II, if appropriate

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