

# Public Document Pack

## People Overview & Scrutiny Committee

Monday, 4th March, 2019

6.00 pm

Meeting Room A – Old Town Hall, Blackburn

---

### AGENDA

**1. Welcome and Apologies**

**2. Declarations of interest in items on this Agenda**

A form is attached for completion by Members declaring an interest in items on the agenda.

**Declarations of Interest**

**3**

**3. Minutes of the meeting held on the 3rd December 2018**

To agree as a correct record the Minutes of the People Overview and Scrutiny Committee meeting held on the 3<sup>rd</sup> December 2018.

**Minutes of meeting held on 3rd December 2018**

**4 - 7**

**4. Joint Working on Mental Health and work of the Lancashire Care Foundation Trust (LCFT)**

The Committee will look at the work and relationships with Health Care Partners in the delivery of Mental Health Services and receive an overview on the work of the trust and progress they are making.

- Mental Health, Suicide and Learning Difficulties Needs Assessment: Lancashire and South Cumbria – *attached for information.*

**Mental Health Needs Assessment for Lancashire and South Cumbria**

**8 - 23**

**5. Safeguarding**

The Committee will receive a presentation from the Head of Safeguarding on the work and developments to address the findings of the Ofsted review. The Committee will look at the way forward for joint working to ensure children are protected and safe and the findings of the recent Peer

Review.

**LSAB Annual Report and Business Plan 2018-19 24 - 82**  
**LSCB Annual Review 2017-18 and Business Plan 2018-19**

**6. Corporate Parenting Specialist Advisory Group**

The Committee will receive an update on the progress and future development of the Corporate Parenting Specialist Advisory Group to meet the needs of the service users.

**PART 2 - THE PRESS AND THE PUBLIC MAY BE EXCLUDED  
DURING CONSIDERATION OF THE FOLLOWING ITEM**

There are no Part 2 items

Date Published: 22<sup>nd</sup> February 2019  
Harry Catherall, Chief Executive

## **DECLARATIONS OF INTEREST IN ITEMS ON THIS AGENDA**

**Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.**

**Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.**

MEETING: **PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE**

DATE: **4<sup>TH</sup> MARCH 2019**

AGENDA ITEM NO.:

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

## PEOPLE OVERVIEW & SCRUTINY COMMITTEE

Monday, 3 December 2018

**PRESENT** – Councillors: Liddle (Chair), Afzal, Akhtar P, Casey, Daley, Khonat, Oates, Smith D, and Whittle.

**OFFICERS** – Councillor Brian Taylor, Councillor Maureen Bateson, Jayne Ivory, Jeanette Richards, Shirley Goodhew, Abdul Mulla, Elizabeth Clarkson, Aliyah Patel, Aliyah Shah, Sameer Ali, Amine Gherensi, Elle Walsh, Paul Conlon and Firoza Hafeji

### RESOLUTIONS

#### 1 **Welcome and Apologies**

Following introductions the Chair welcomed Members to the meeting. Apologies for absence were received on behalf of Councillor Jacqueline Slater. The Chair also welcomed Shirley Goodhew, Public Health Consultant, to her first meeting of the Committee.

#### 2 **Declarations of Interest in items on this Agenda**

There were no declarations of interest received.

#### 3 **Minutes of the meeting held on the 3rd September 2018**

**RESOLVED** – That the minutes of the last meeting held on 3<sup>rd</sup> September 2018 were approved as a correct record and were duly signed by the Chair.

#### 4 **Clinical Commissioning treatment of Varicose Veins Consultation on revised policy**

Members were updated on the response to the Clinical Commissioning groups consultation on treatment of Varicose Veins and the comments of Members on the change to the provision of services to people with varicose veins were noted. Given the pattern of the Committee meetings it had not been possible to consider the issue at a formal meeting so the views of Members had been sought. A corporate response had been sent in October 2018. The Committee would be kept informed of progress and any changes to the policy arising from the consultation and subsequent decision.

The Committee discussed the way that the views of Members had been obtained to provide a corporate response to the consultation and agreed that this method should be used where necessary in the future. Where consensus cannot be obtained for the response alternative methods would be accessed.

#### **RESOLVED -**

1. That the responses to the CCG consultation on the future treatment of Varicose Veins be noted
2. That in future, where necessary, views of Members be sought in a similar way to enable a response to Statutory Consultations to be made within timescales required.



## **Update from Youth Forum**

The Committee were provided with an update from the Youth Forum which highlighted that the Youth MP alongside members of the Youth Forum attended the annual UK Youth Parliament House of Commons sitting. The top 5 national issues of the "Make Your Mark Campaign" were debated throughout the day which included:

- Mental Health
- Equal Pay for Equal Work
- Votes at 16
- End Knife Crime
- Tackling Homelessness

The top three "Make your Mark issues" in Blackburn with Darwen were shared as:

- Mental Health
- Equal Pay for Equal Work
- Let's End Knife Crime

On 28<sup>th</sup> November 2018 the 5<sup>th</sup> annual Takeover Challenge was hosted where over 75 young people from secondary schools and colleges attended the event held at King George's Hall. The focus of the event was looking at tackling the issues of food poverty and period poverty in the Borough.

**RESOLVED** - That the work of the Youth Forum be noted.

## **5      Mental Health - Adolescence**

The Chair thanked Members for attending the Mental Health Task and Finish Groups which were held in July, August and October 2018. The task group looked at issues affecting the mental health especially of young people and children and received information on the work that was ongoing in the Borough. The task group looked at how this sought to tackle the issue and improve the outcome.

The Chair welcomed Shirley Goodhew, Public Health Consultant, to present the work covered at the task groups. Shirley presented the Self-Assessment document and asked Members to note and consider the recommendations highlighted in the document. It was noted that out of the 22 recommendations 20 recommendations were proposed by young people. Members were informed that the task group had also received evidence and information from professionals working in the field of mental health and the Committee had looked at the study undertaken by the University of Birmingham Policy Unit entitled "Investing in a Resilient Generation".

The task group compiled evidence throughout their work and arising from this a number of recommendations were put forward for consideration by the People's Overview and Scrutiny Committee. The recommendations were noted as:

1. Note the outstanding work that is delivered in the Borough by all partners to improve the outcomes for people with mental health issues.

2. Request the Leader, Executive Members for Health and Adult Social Care and Children, Young People & Education to ensure that outcomes highlighted in the Self-Assessment document are delivered through their portfolio work and also to work in partnership to deliver services.
3. That the Lancashire Care Foundation Trust and BwD Clinical Commissioning Group be invited to a future meeting of the People's Overview and Scrutiny Committee to set out their response to the report of the Mental Health Policy Commission and how they would fund any actions they feel necessary in addition to the work that they carry out to meet the current needs of service users.
4. That the service providers be requested to produce a concise directory of services available for all areas of mental health and that this be considered for distribution to those who have first line contact with potential service users and that the provision of the directory digitally be examined as a most effective way of publication and maintaining information in the most relevant and up to date means.

The Executive Member of Health & Adult Social Care and the Executive Member of Children's Young People & Education were asked to take the Committees recommendations to the Executive Board for consideration.

**RESOLVED -**

- 1) That the Executive Member of Health & Adults Social Care and Shirley Goodhew, Public Health Consultant be thanked for the detailed information.
- 2) That Members noted the recommendations highlighted in the Self-Assessment document.
- 3) That the Executive Member of Health & Adult Social Care and the Executive Member of Children's Young People & Education were requested to take the Committees recommendations forward to the Executive Board for consideration and response.

**6      OFSTED Action Plan progress**

The Chair welcomed Cllr Bateson, Executive Member for Children's, Young People & Education and Jayne Ivory, Director of Children's Services to outline the outcome of the Ofsted's follow up inspection carried out on 7<sup>th</sup> November 2018, which had been published on 30<sup>th</sup> November 2018. The service would now continue to work on ensuring that services to children were the best possible and that these services were developed to meet Children's needs.

**RESOLVED –** That Cllr Bateson, Executive Member for Children's, Young People & Education and Jayne Ivory, Director of Children's Services be thanked for the verbal update which was noted by Members.

**7      Committee's Work Programme for 2018-2019**

The Committee considered the work programme for the final People's Overview and Scrutiny Committee, in this municipal year, the Committee wished to:

- Invite Nancy Palmer, Independent Chair of the Safeguarding Board to look at the Ofsted recommendations relating to Safeguarding and progress made.

- Invite Councillor Maureen Bateson, Executive Member for Children, Young People & Education and Jayne Ivory, Director of Children's Services & Education to look at strategic multi-agency approach to ensure that children who are suffering neglect are helped and protected at the earliest opportunity.
- Invite Councillor Julie Gunn, Chair of Corporate Parenting Specialist Advisory Group, to present an update report for the year.

**RESOLVED** – That the work programme for the next People's Overview and Scrutiny Committee be noted.

Signed: .....

Date: .....

Chair of the meeting  
at which the minutes were confirmed

## Mental Health, Suicide & Learning Disabilities across Lancashire & South Cumbria ICS

### Contents

Depression, anxiety and other common mental disorders .....	2
Prevalence Estimates .....	2
Services for people with Common Mental Disorders .....	3
Severe Mental Illness .....	5
Prevalence Estimates .....	5
Services for people with Severe Mental Illness .....	6
Mortality .....	7
Self-harm .....	8
Admission rates .....	8
Suicide .....	9
Suicide rates by ICS .....	9
Suicides in Lancashire & South Cumbria .....	9
Suicide Audits .....	11
Substance Misuse .....	12
Prevalence Estimates - opiate and crack cocaine use .....	12
Hospital admissions .....	12
Mortality .....	13
Learning Disabilities .....	14
Prevalence estimates .....	14
Services for people with learning disabilities .....	14
Accommodation and Employment .....	15
References .....	16

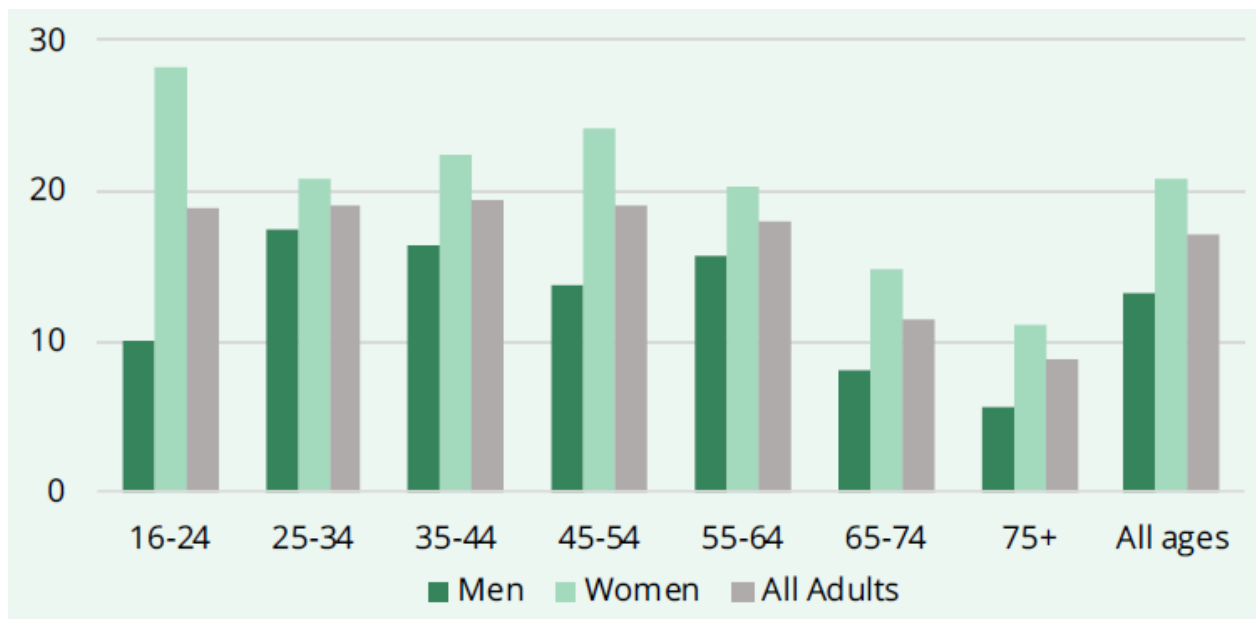
# Depression, anxiety and other common mental disorders

## Depression, anxiety and other common mental disorders

### Prevalence Estimates

#### Adult Psychiatric Morbidity Survey

The Adult Psychiatric Morbidity Survey (APMS) gathers information on mental illness among adults (aged 16+) living in private households across England. According to the 2014 APMS, one in six people in England reported having symptoms of a common mental disorder (CMD) in the week before being surveyed. This breaks down as 1 in 5 women and 1 in 8 men. CMDs are more common among women than men in every age category<sup>1</sup>:



**FIGURE 1 - % OF PEOPLE REPORTING A COMMON MENTAL DISORDER IN LAST WEEK (BY AGE AND GENDER, ENGLAND, 2014).**  
[DATA FROM APMS<sup>1</sup>, CHART BY HOUSE OF COMMONS LIBRARY<sup>2</sup>]

If the crude proportions are applied to the 16+ resident population of Lancashire & South Cumbria (mid-2016), they equate to approximately 83,420 men and 138,960 women, or 222,380 people in all.

#### GP Patient Survey

The 2016/17 GP Patient Survey of respondents aged 18+ found that 14.4% of respondents in Lancashire & South Cumbria had self-reported depression or anxiety. Most of the CCGs in the area had similar rates to England (13.7%), with only Blackpool being significantly higher (18.5%).<sup>3</sup>

#### Quality and Outcomes Framework (QOF)

The QOF Depression Register counts those patients aged 18+ who are recorded by their GP as having depression. In Lancashire and South Cumbria in 2016/17, it contained 11.2% of all adult registered patients (155,554 people), which is significantly higher than the England average of 9.1%. However, Public Health England considers that the QOF register may be an under-estimate of the true level of depression in general practice.<sup>4</sup>

## Depression, anxiety and other common mental disorders

The number of patients recorded as having a *new* episode of depression during the year was 27,252, giving an incidence rate of 2.0%, significantly higher than the England average of 1.5%.

Area	18+ Depression Register		18+ new diagnoses of Depression	
	Number	% (i.e. prevalence)	Number	% (i.e. incidence)
Blackburn with Darwen CCG	14,593	11.1%	2,942	2.2%
Blackpool CCG	20,594	14.7%	3,580	2.6%
Chorley & South Ribble CCG	17,373	12.0%	2,828	1.9%
East Lancashire CCG	27,822	9.4%	4,701	1.6%
Fylde & Wyre CCG	14,865	11.9%	2,774	2.2%
Greater Preston CCG	19,012	11.4%	2,954	1.8%
Morecambe Bay CCG	31,827	10.7%	5,670	1.9%
West Lancashire CCG	9,468	10.3%	1,803	2.0%
<b>Lancashire &amp; South Cumbria ICS</b>	<b>155,554</b>	<b>11.2%</b>	<b>27,252</b>	<b>2.0%</b>
<b>England</b>	<b>4,187,797</b>	<b>9.1%</b>	<b>700,031</b>	<b>1.5%</b>

TABLE 1- QOF DEPRESSION REGISTER 2016/17<sup>5</sup>

HIGHER THAN ENGLAND

## Services for people with Common Mental Disorders

### Hidden problem

The APMS found that nationally, only just over a third of people with a CMD were currently receiving mental health treatment. After taking account of the level of symptoms, it showed that: <sup>1</sup>

- Men were less likely to be receiving treatment than women
- The 16-24 age-group was less likely to be receiving treatment than older age-groups
- BME adults were less likely to be receiving treatment than White British adults
- People in employment were less likely to be receiving treatment than the economically inactive

### Improving Access to Psychological Therapies (IAPT)

The IAPT programme focuses on providing ‘talking therapies’ for people experiencing common mental health problems such as anxiety and depression. Referral rates are generally higher in deprived areas, but success rates are lower.<sup>2</sup>

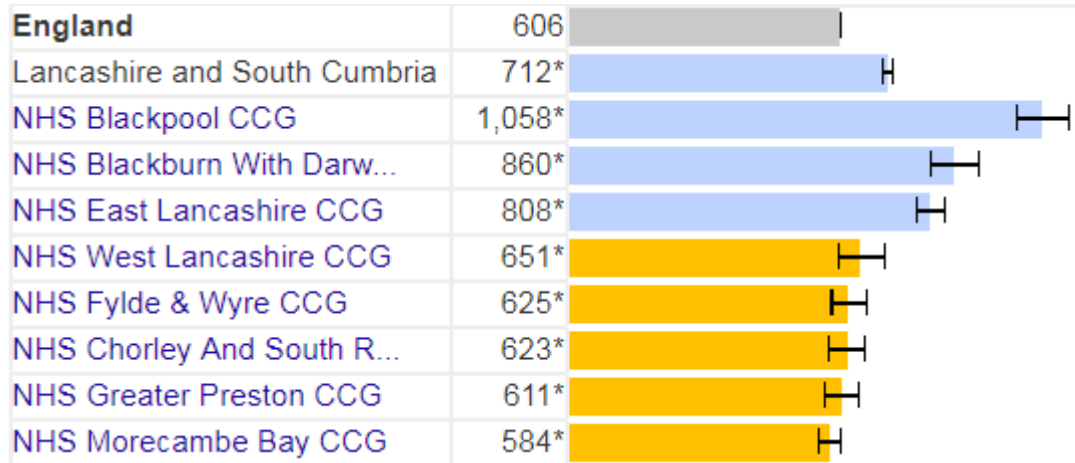
### Waiting times

NHS England targets state that 75% of patients should wait less than 6 weeks between referral and first treatment, and 95% should wait less than 18 weeks.<sup>2</sup> The denominator is the number of referrals that *finished* a course of treatment. Public Health England tracks these indicators on a monthly basis. Both targets are now being comfortably exceeded across Lancashire and South Cumbria as a whole, as well as nationally. They were also met in all eight constituent CCGs, although Morecambe Bay seemed to be least secure on the 6-week target in March 2018 (76%) and Chorley and South Ribble on the 18-week target (96%).<sup>5</sup>

## Depression, anxiety and other common mental disorders

### Entry to IAPT

In the last quarter of 2017/18, and when expressed per 100,000 residents aged 18+, Lancashire and South Cumbria had the fifth highest rate of entry to the IAPT programme out of 44 ICSs. This rate has been above the England average for some time, and is on a rising trend. When broken down by CCG, it can be seen that the highest rates within the area are in Blackburn with Darwen, Blackpool and East Lancashire (Figure 2)<sup>5</sup>:



**FIGURE 2 - RATE (QUARTERLY) OF ENTRY TO IAPT TREATMENT PER 100,000 RESIDENTS AGED 18+ (2017/18 Q4)**  
(\* = BASED ON ROUNDED COUNTS)

### Recovery rates

An IAPT referral has 'moved to recovery' if their symptoms of anxiety or depression were severe enough to be regarded as a clinical case at the start of their treatment, but not by the end of it.<sup>6</sup> There is a government target for 50% of patients finishing a course of IAPT to move to recovery.<sup>2</sup>

Recovery rates are very variable on a monthly basis, so it is more useful to look at the annual figures for 2016/17 (Figure 3). The England average recovery rate was 49.3%.<sup>7</sup>

**FIGURE 3 - PROPORTION OF ELIGIBLE IAPT REFERRALS MOVING TO RECOVERY' (2016/17, PRE-2017 CCGs)**

	Moved to recovery	
	Number	%
NHS West Lancashire CCG	455	58%
NHS Chorley & South Ribble CCG	755	57%
NHS Fylde & Wyre CCG	750	56%
NHS East Lancashire CCG	1575	51%
NHS Blackburn with Darwen CCG	560	49%
NHS Lancashire North CCG	545	47%
NHS Greater Preston CCG	645	45%
NHS Blackpool CCG	790	38%

# Severe Mental Illness

## Severe Mental Illness

### Prevalence Estimates

#### Adult Psychiatric Morbidity Survey

The Adult Psychiatric Morbidity Survey (APMS) looked at psychotic disorders and bipolar disorder separately, and in different ways. Its best national estimate of the prevalence of psychotic disorder is 0.5%, but this relates to occurrences in the past year only, and combines the results from the 2007 and 2014 surveys. Bipolar disorder was asked about for the first time in 2014, and was estimated to have a lifetime prevalence of 2.0%.

#### QOF Mental Health Register

The QOF Mental Health Register captures patients known to their GPs with a recorded diagnosis of bipolar affective disorder, schizophrenia and other psychoses, or on lithium therapy. This is actually the *severe* end of mental health problems and is what PHE defines as "Severe Mental Illness".\*

Across the eight CCGs that make up the Lancashire and South Cumbria ICS, there are 18,608 patients (all ages) on the QOF Mental Health Register. This equates to 1.1% of all patients, significantly higher than the England average of 0.9%.

Area	Mental Health Register	
	Number	%
Blackburn with Darwen CCG	2,205	1.3%
Blackpool CCG	2,689	1.6%
Chorley & South Ribble CCG	1,635	0.9%
East Lancashire CCG	4,103	1.1%
Fylde & Wyre CCG	1,591	1.1%
Greater Preston CCG	2,172	1.0%
Morecambe Bay CCG	3,305	0.9%
West Lancashire CCG	908	0.8%
<b>Lancashire &amp; South Cumbria ICS</b>	<b>18,608</b>	<b>1.1%</b>
<b>England</b>	<b>534,431</b>	<b>0.9%</b>

Lower than England

Similar to England

Higher than England

TABLE 2- QOF MENTAL HEALTH REGISTER 2016/17<sup>5</sup>

#### Modelled estimates

The PHE Severe Mental Illness profile contains some modelled estimates of the prevalence and incidence of psychosis at the CCG level. However, these are getting quite old now (2012 and 2011), and there are concerns regarding their quality, so they are not discussed here.<sup>9</sup>

\* It is understood that the number on lithium therapy is typically small and makes little difference to the overall percentage.<sup>8</sup>



# Severe Mental Illness

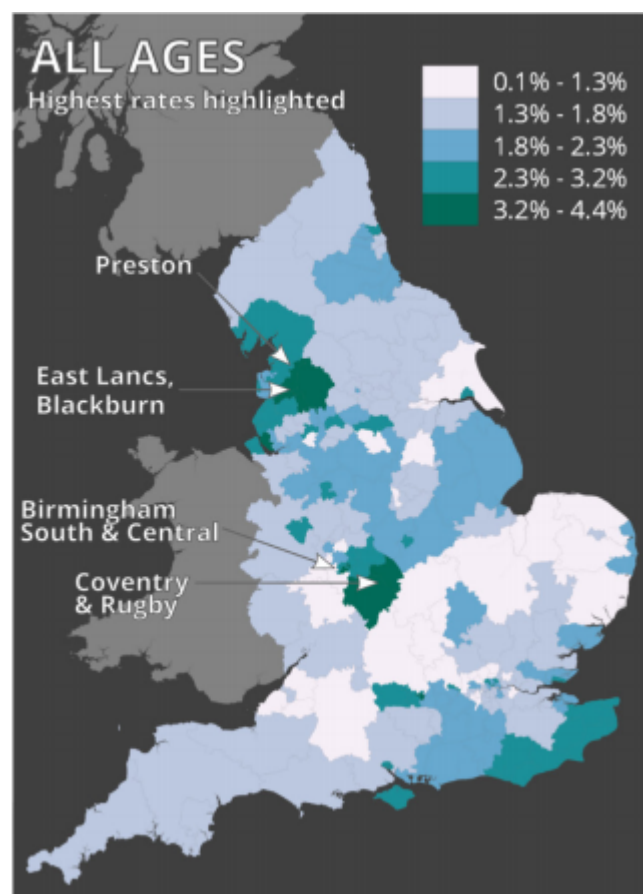
## Services for people with Severe Mental Illness

### Secondary mental health services

NHS Digital publishes monthly statistics on the number of people in contact with what are often called 'secondary' or 'specialist' adult mental health services.<sup>10</sup> This term does not imply that the person is in hospital, and does not include people who are only in contact with IAPT services.<sup>2</sup>

The House of Commons Library<sup>2</sup> and PHE<sup>9</sup> each publish these figures in the form of rates. The differing rates across the country may partly reflect variation in *need* for services, but they are also likely to reflect variation in the local *provision* of mental health services.

The two agencies work out the rates in slightly different ways (Table 3). However, whichever way it is done, Blackburn with Darwen CCG had the highest contact rate in the country in both December 2017 and March 2018, with East Lancashire CCG and Greater Preston CCGs also in the top four.



**FIGURE 4 - PEOPLE IN CONTACT WITH ADULT MENTAL HEALTH SERVICES AS AT DECEMBER 2017, AS A PROPORTION OF ALL-AGE RESIDENT POPULATION (MAP BY HOUSE OF COMMONS LIBRARY<sup>2</sup>)**

Area	People in contact with adult mental health services, March 2018			
	Number	As a % of 18+ resident population *	As a % of all-age resident population †	
Blackburn with Darwen CCG	6,960	6.4%	4.7%	
Blackpool CCG	3,960	3.6%	2.8%	
Chorley & South Ribble CCG	5,375	3.9%	3.1%	
East Lancashire CCG	14,960	5.1%	4.0%	
Fylde & Wyre CCG	3,635	2.6%	2.2%	
Greater Preston CCG	8,705	5.4%	4.3%	
Morecambe Bay CCG	8,790	3.1%	2.5%	
West Lancashire CCG	3,255	3.6%	2.9%	
<b>Lancashire &amp; South Cumbria ICS</b>	<b>55,640</b>	<b>4.2%</b>	<b>3.3%</b>	
<b>England</b>	<b>1,012,781</b>	<b>2.3%</b>	<b>1.8%</b>	

**TABLE 3 - CONTACT WITH SPECIALIST MENTAL HEALTH SERVICES: SNAPSHOT AS AT END MARCH 2018<sup>2,9,22</sup>**  
**HIGHER THAN ENGLAND**

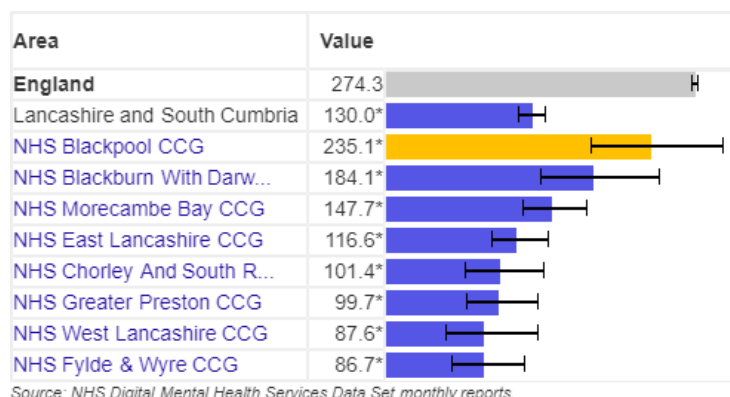
\* As calculated by PHE<sup>9</sup>

† As calculated by House of Commons Library<sup>2</sup>, but updated to March 2018 by author

# Severe Mental Illness

## Mental health admissions to hospital

When we look at mental health admissions to hospital, expressed as an annual rate per 100,000 adult residents, Lancashire & South Cumbria comes third *lowest* ICS out of 44 nationally (2017/18 Q4). The Lancashire & South Cumbria rate of 130.0 per 100,000 is less than half the England average (274.3). All of its constituent CCGs are either similar to England (Blackpool only), or else significantly lower (Figure 5):<sup>9</sup>

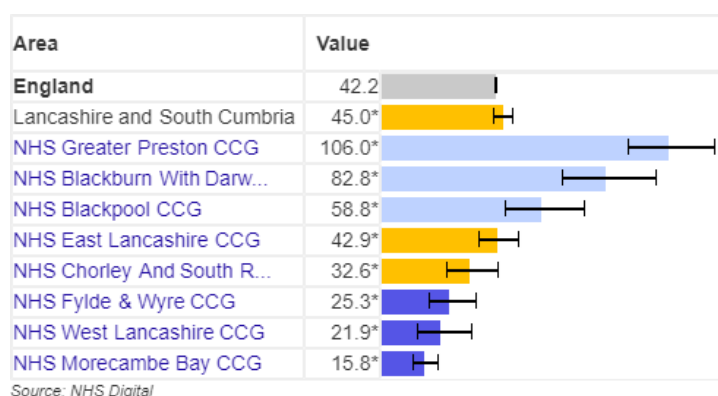


**FIGURE 5 - MENTAL HEALTH ADMISSIONS TO HOSPITAL: RATE PER 100,000 POPULATION (2017/18 Q4)<sup>9</sup>**

The implications of a high or low mental health admissions rate can be difficult to disentangle, and this is not attempted here.<sup>11</sup>

## People subject to the Mental Health Act

NHS Digital publishes figures on the number of people subject to the Mental Health Act at the end of each month, most of whom will either be detained in hospital, or subject to a Community Treatment Order. The overall rate in Lancashire & South Cumbria (per 100,000 population aged 18+) is close to average, although there is wide variation between its constituent CCGs (Figure 6). The rate in Greater Preston CCG is the 6<sup>th</sup> highest in England:



**FIGURE 6 - PEOPLE SUBJECT TO THE MENTAL HEALTH ACT: RATE PER 100,000 POPULATION AGED 18+ (2017/18 Q4)<sup>9</sup>**

## Mortality

### Excess mortality in people with severe mental illness

The mortality rate in people aged under 75 is considered a measure of the level of premature mortality within a population. Using data for 2014/15, NHS Digital has calculated that adults in England with a serious mental illness have a mortality rate 3.5 times higher than would be expected, based on age-specific mortality rates in the general population. Across Lancashire and Cumbria, this excess mortality rate ranges from approximately 3 times higher than the general England population in Lancashire to 5 times higher in Blackpool.<sup>12</sup> .....

## Self-harm

### Self-harm

#### Admission rates

In 2016/17, Blackpool had the highest rate in England of emergency hospital admissions for intentional self-harm. Eight other local authorities in the Lancashire and South Cumbria area were also significantly higher than the England average of 185.3 per 100,000:

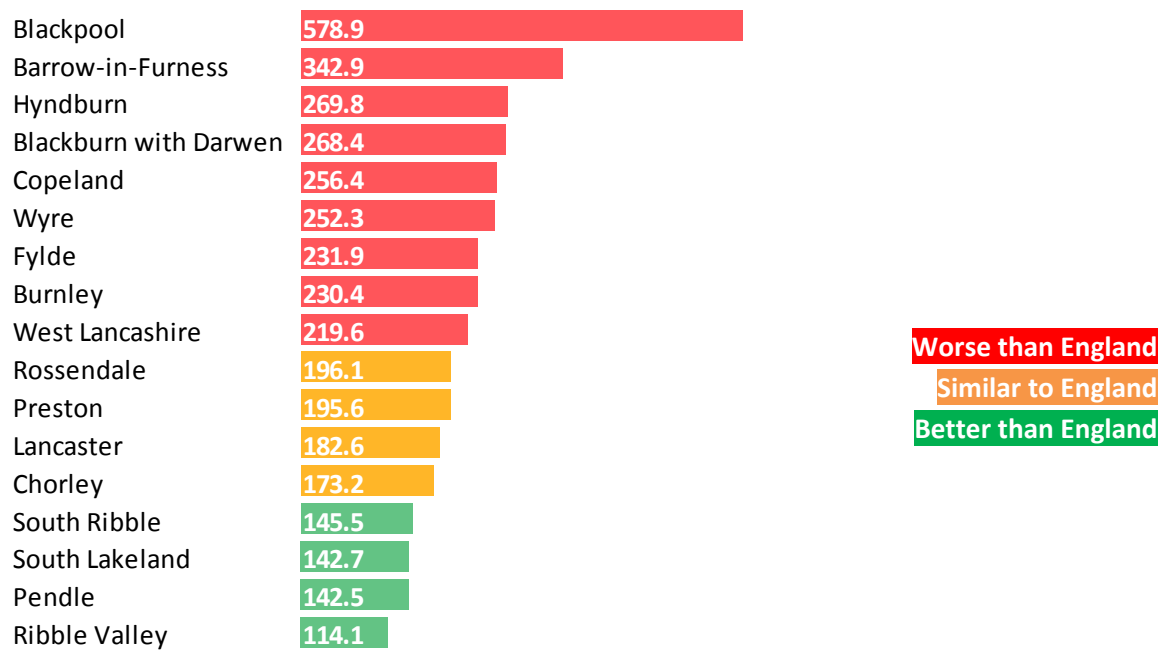


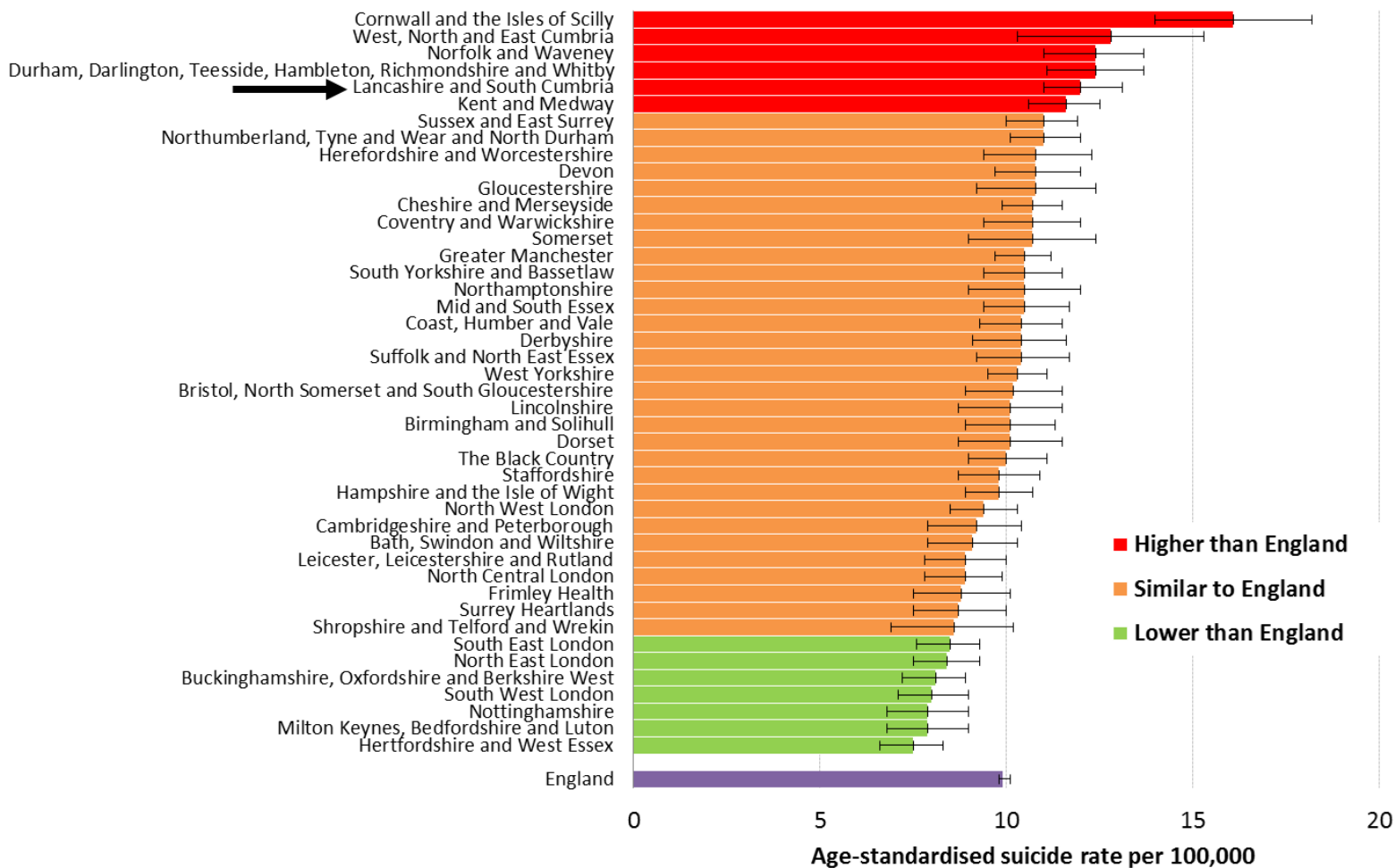
FIGURE 7 - EMERGENCY HOSPITAL ADMISSIONS FOR SELF-HARM (2016/17, AGE-STANDARDISED RATE PER 100,000)<sup>13</sup>

# Suicide

## Suicide

### Suicide rates by ICS

In the three years from 2014-16, 518 people in Lancashire and South Cumbria died from suicide. This gives a rate of 12.0 per 100,000, which is significantly worse than the England average of 9.9, and the 5<sup>th</sup> highest rate out of 44 ICS areas nationally:<sup>14</sup>



**FIGURE 8 -AGE-STANDARDISED SUICIDE RATE PER 100,000 BY ICS, 2014-2016<sup>14</sup>**  
(LANCASHIRE & SOUTH CUMBRIA HIGHLIGHTED)

### Suicides in Lancashire & South Cumbria

#### Age/sex profile

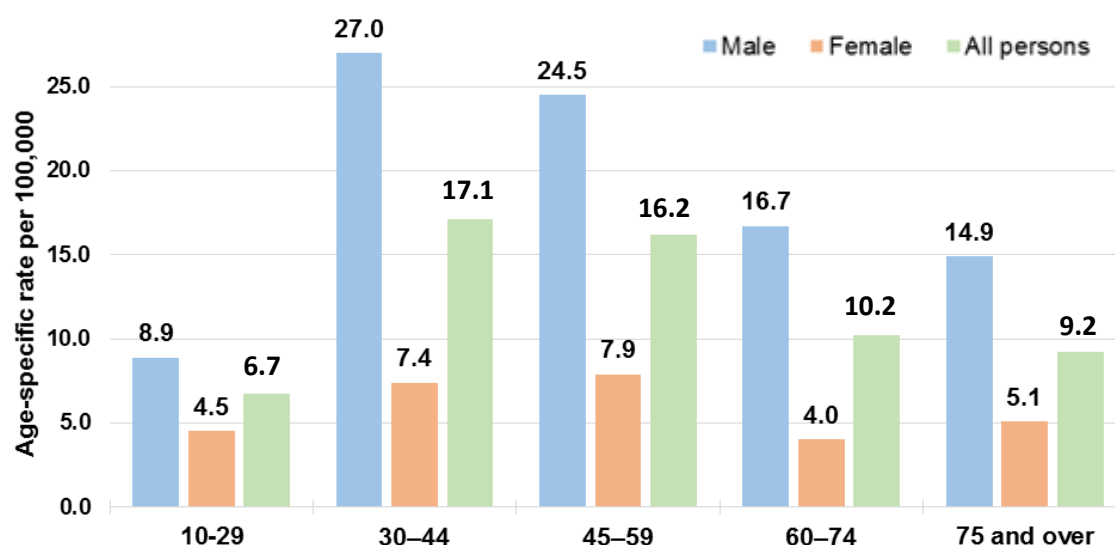
Nationally, 75.4% of all suicide deaths were male<sup>13</sup>, but in Lancashire and South Cumbria the proportion was 71.6%.<sup>14</sup> Its female suicide rate was the second highest out of 44 ICS's.<sup>14</sup> The age-sex breakdown of the 518 suicides in Lancashire and South Cumbria was as shown in Table 4:<sup>14</sup>

**TABLE 4 - AGE/SEX BREAKDOWN OF SUICIDES IN LANCASHIRE AND SOUTH CUMBRIA, 2014-16**

	Male	Female	Persons
Under 25	31	16	47
25+	340	131	471
Total	371	147	518

# Suicide

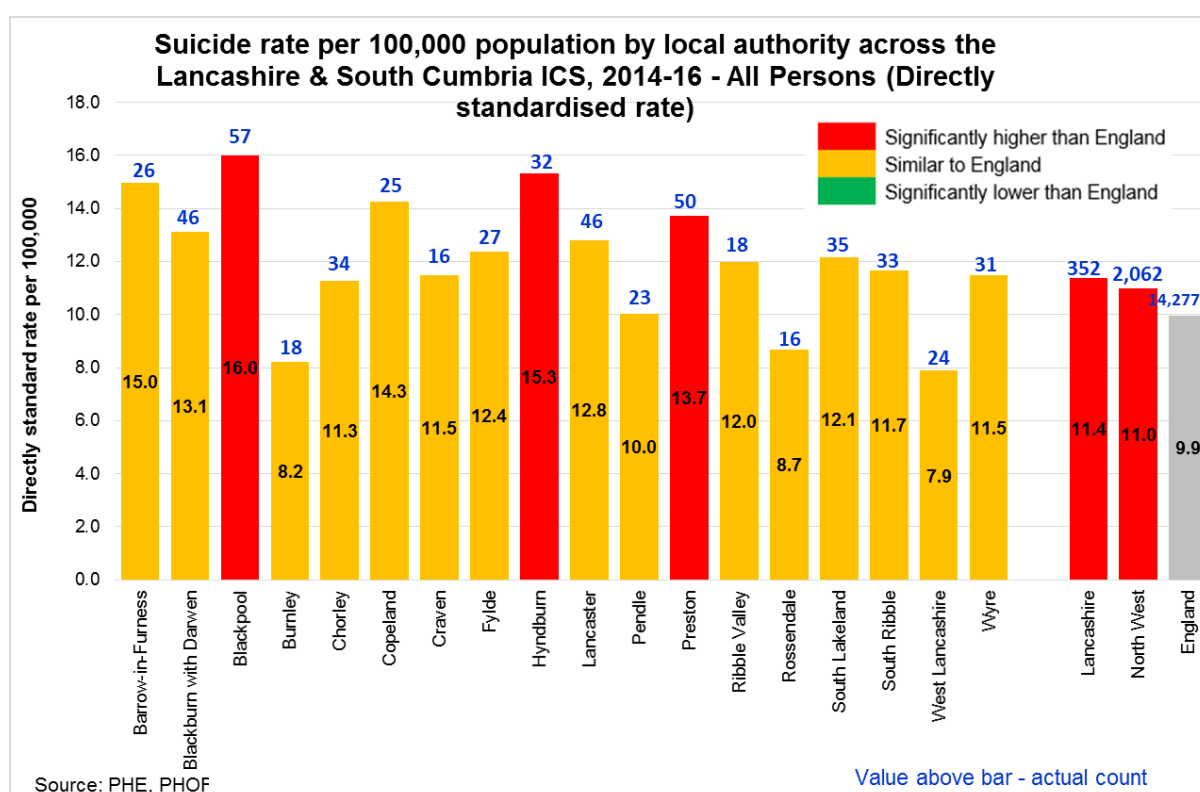
Age- and sex-specific rates for the Lancashire and South Cumbria ICS area are also available, but the most recent ones are for the year 2013-15 (Figure 9):<sup>15</sup>



**FIGURE 9- AGE-SPECIFIC SUICIDE RATES PER 100,000 POPULATION BY AGE AND SEX (LANCS & S CUMBRIA, 2013-15)**

## District rates and numbers

At the district level, the numbers of suicides are relatively small, which results in wide confidence intervals. However, Blackpool, Hyndburn and Preston rates for 2014-16 are significantly higher than the England average:<sup>13</sup>



**FIGURE 10 - SUICIDE RATE PER 100,000 POPULATION BY LOCAL AUTHORITY DISTRICT ACROSS LANCASHIRE & SOUTH CUMBRIA (2014-16, DIRECTLY STANDARDISED RATE)**

Across all 326 Local Authorities in England, Blackpool is ranked 7th highest; Hyndburn is ranked 11th; while Barrow-in-Furness is ranked 14th.<sup>13</sup>

# Suicide

## Suicide Audits

### Main findings

Across the Local Authorities within Lancashire & South Cumbria, Suicide Audits have been carried out in Lancashire (April 2013-March 2015; Blackburn with Darwen (2012-2013); Blackpool (2011-13); and Cumbria 2012-2013).

Across the Local Authorities, the majority of suicides were male (71-90%) and the most common ethnic group was white British.

Almost half of people (41-54%) had a diagnosis of depression. In Blackpool, 46% of people were in contact with specialist mental health services (in the month before suicide), this compares to 24% in Lancashire and 22% in Cumbria. In Lancashire, 1 in 4 people (25%) had a history of alcohol misuse; in Blackpool, 1 in 5 people (22%) had a history of alcohol and drug misuse; in Cumbria this was 17%. Almost half (48%) of people in Lancashire had a physical health condition; in Cumbria this increased to 58%.

### Risk Factors

Particular risk factors identified by the suicide audits were as follows:

- Depression
- Mental illness
- Alcohol and substance misuse
- Self-harm
- Relationship breakdown
- Financial difficulty

# Substance Misuse

## Substance Misuse

### Prevalence Estimates - opiate and crack cocaine use

New estimates of the prevalence of opiate and/or crack cocaine use (OCU) for upper-tier local authorities were issued in 2017, relating to the year 2014/15:<sup>16</sup>

**TABLE 5- ESTIMATED PREVALENCE OF OPIATE AND CRACK COCAINE USE 2014/15**

Similar to England  
Higher than England

Area	Opiate and/or Crack Cocaine (OCU) prevalence estimates (age 15-64)	
	Number	Per 1000
Blackburn with Darwen	1363	14.47
Blackpool	1762	19.95
Cumbria (whole)	2744	8.90
Lancashire	6711	8.96
<b>England</b>	<b>300,783</b>	<b>8.57</b>

## Hospital admissions

### Substance Misuse admissions

Rates of hospital admission due to substance misuse among young people aged 15-24 in each of the Lancashire and South Cumbria CCGs are significantly worse than or similar to the England average:

**Hospital admissions due to substance misuse (15-24 years) 2014/15 - 16/17**

Directly standardised rate - per 100,000

Area	Count	Value	95% Lower CI	95% Upper CI
England	18,848	89.7	88.4	90.9
Lancashire and South Cumbria NHS region	-	-	-	-
NHS Blackburn With Darwen...	113	170.1	140.2	204.6
NHS Blackpool CCG	183	311.7	268.2	360.3
NHS Chorley And South Rib...	58	102.8	78.0	132.9
NHS East Lancashire CCG	192	146.4	126.4	168.6
NHS Fylde & Wyre CCG	65	142.8	110.2	182.2
NHS Greater Preston CCG	80	89.0	70.5	111.0
NHS Morecambe Bay CCG	194	137.1	118.5	157.8
NHS West Lancashire CCG	43	100.7	72.9	135.7

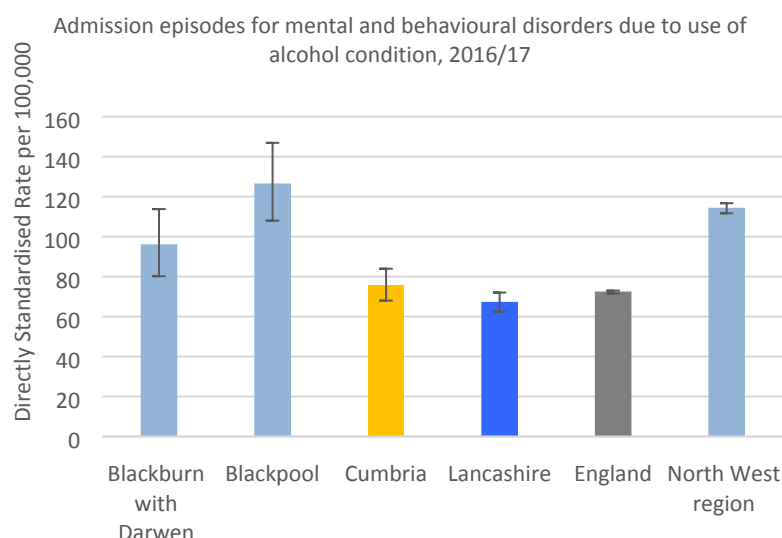
Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved.

Compared with England Better Similar Worse

**FIGURE 11 – HOSPITAL ADMISSIONS DUE TO SUBSTANCE MISUSE (15-24 YEARS) SOURCE: OVERVIEW OF CHILD HEALTH<sup>17</sup>**

In Blackburn with Darwen and Blackpool the rates of hospital admissions for mental and behavioural disorders due to use of alcohol are significantly higher than the England average, while in Lancashire they are significantly lower:

**FIGURE 12 – ADMISSION TO HOSPITAL FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO ALCOHOL<sup>12</sup>**

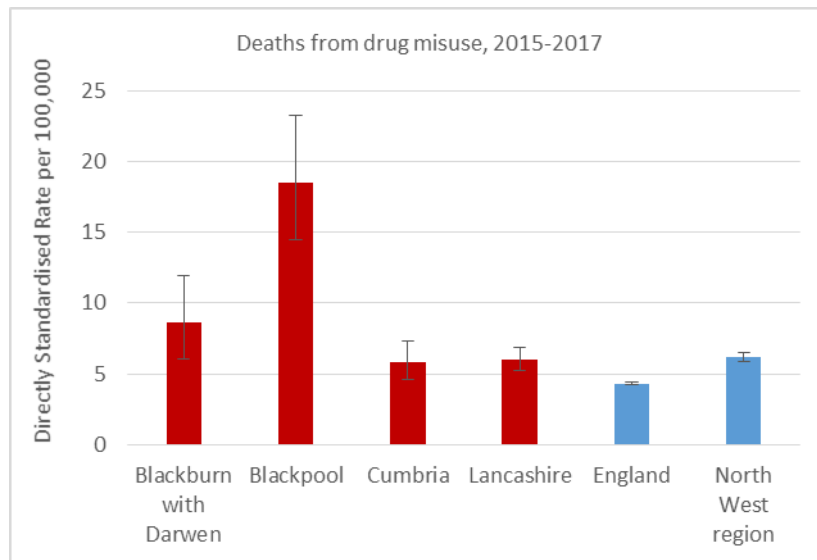


# Substance Misuse

## Mortality

### Substance Misuse deaths

Deaths from drug poisoning involving illegal drugs are referred to as drug misuse deaths. In the three year period 2015-17, there were a total of 349 drug misuse deaths of all ages across Lancashire, Blackburn with Darwen, Blackpool, and the three districts constituting most of South Cumbria.<sup>18</sup> Six local authorities in the area had rates of drug misuse death significantly worse than the English average of 4.3 per 100,000; these were: Blackpool (18.5), Burnley (11.7), Barrow-in-Furness (10.1), Blackburn with Darwen (8.7), Pendle (7.6) and Preston (7.6).



**FIGURE 13 – DEATHS FROM DRUG MISUSE<sup>12</sup>**



# Learning Disabilities

## Learning Disabilities

### Prevalence estimates

There is no single way of estimating the number of people with a learning disability at the local level, so we have to rely on proxy measures.\*

### Children with learning disabilities known to schools

Children with special educational needs are allocated to one of the following four categories, only three of which are defined as 'learning disabilities' by Public Health England:<sup>19</sup>

1. Moderate learning difficulties
  2. Severe learning difficulties
  3. Profound and multiple learning difficulties
  4. Specific difficulties (e.g. dyslexia)
- } PHE refers to these three categories as 'learning disabilities'

On this basis, there are 9,399 children with learning disabilities known to schools in the Lancashire & S.Cumbria ICS area (1132 in Blackburn with Darwen, 857 in Blackpool, 6026 in Lancashire, and 1384 in S. Cumbria).<sup>19,20</sup>

### Quality and Outcomes Framework (QOF)

Across the Lancashire and South Cumbria ICS, there were 8198 registered patients on their GP's Learning Disability register as at March 2017. This equates to 0.5% of all patients, similar to the England average of 0.5%.<sup>21</sup>

### Services for people with learning disabilities

#### Adults with learning disabilities receiving local authority support

Rates of adults (18+) with learning disabilities receiving support are greater than the national average in Blackburn with Darwen, Blackpool and Lancashire, and close to average in Cumbria:<sup>19</sup>

Area	Adults (18+) with learning disability getting long term support from LA	
	Number	Per 1000 population
Blackburn with Darwen	420	3.9
Blackpool	440	4.0
Cumbria (whole)	1,325	3.3
Lancashire	3,600	3.8
<b>England</b>	<b>143,710</b>	<b>3.3</b>

Similar to England  
Higher than England

**TABLE 6 - ADULTS WITH LEARNING DISABILITY GETTING LONG TERM SUPPORT FROM LAs, PER 1000 POPULATION (2015/16)**

The number of people receiving these services can be compared with the number of people on their GP's (QOF) Learning Disability register. This is not an exact comparison, but it gives an impression of the extent to which support is reaching those who need it. Table 7 shows that Lancashire has the best results in the ICS area:<sup>19</sup>

Area	Adults (18+) with learning disability getting long term support from LA per 100 people on GP learning disability register	
	Number	%
Blackburn with Darwen	420	51.7%
Blackpool	440	51.0%
Cumbria (whole)	1,325	51.2%
Lancashire	3,600	66.1%
<b>England</b>	<b>143,710</b>	<b>54.5%</b>

Worse than England  
Similar to England  
Better than England

**TABLE 7 - ADULTS RECEIVING LONG-TERM LEARNING DISABILITIES SUPPORT FROM LOCAL AUTHORITY PER 100 PEOPLE ON GP LEARNING DISABILITIES REGISTER (2015/16)**

\* A question about learning disabilities is also asked in the GP Patient Survey, but the relevant website is reportedly unsafe.

# Learning Disabilities

## Health Checks

People aged 14 or over with a learning disability are eligible for an annual health check from their GP. Table 8 shows what percentage of people on their GP's learning disability register received these checks in 2016/17.\* The proportion in Blackpool is worse than the England average:

Area	% of eligible adults with a learning disability having a GP health check	
	Number	%
Blackburn with Darwen	433	52.0%
Blackpool	306	35.5%
Cumbria (whole)	1153	43.0%
Lancashire	2699	48.6%
<b>England</b>	<b>133,962</b>	<b>48.9%</b>

Worse than England

Similar to England

**TABLE 8- % ELIGIBLE ADULTS WITH A LEARNING DISABILITY (AGE 14+) HAVING A GP HEALTH CHECK IN 2016/17<sup>19</sup>**

## Accommodation and Employment

As part of the Adult Social Care Outcomes Framework, local authorities are asked each year about the employment status and accommodation<sup>†</sup> of working age adults with a learning disability for whom they provide long-term support. The Lancashire & South Cumbria local authorities all compare well with England on the accommodation measure, but less so on the employment indicator:

Area	1E – The proportion of adults with a learning disability in paid employment		1G – The proportion of adults with a learning disability who live in their own home or with their family	
	Number	%	Number	%
Blackburn with Darwen	9	2.4%	324	86.6%
Blackpool	19	4.9%	351	90.5%
Cumbria (whole)	45	3.7%	966	79.1%
Lancashire	67	2.0%	2,861	85.5%
<b>England</b>	<b>7422</b>	<b>5.7%</b>	<b>99,193</b>	<b>76.2%</b>

**TABLE 9 - EMPLOYMENT AND ACCOMMODATION OF WORKING-AGE ADULTS (18-64) WITH A LEARNING DISABILITY RECEIVING LONG-TERM SUPPORT FROM LOCAL AUTHORITY (ASCOF, 2016/17)<sup>22</sup>**

Worse than England

Similar to England

Better than England

\* The PHE Learning Disability profile variously refers to this indicator as a '%' and as a 'proportion per 1000'. It has been confirmed that it is in fact a percentage.

<sup>†</sup> The category of living 'in their own home or with their family' was previously referred to as living 'in settled accommodation'

# References

## References

- <sup>1</sup> NHS Digital (2016). *Mental Health and Wellbeing in England – Adult Psychiatric Morbidity Survey 2014*. Available from <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-of-mental-health-and-wellbeing-england-2014>
- <sup>2</sup> House of Commons Library (2018). *Mental Health Statistics for England*. Available from <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06988>
- <sup>3</sup> PHE (2018). *Mental Health and Wellbeing JSNA Profile*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>
- <sup>4</sup> PHE (2018). *Common Mental Health Disorders Profile – definition of indicator 90647*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/6/gid/1938132720/pat/46/par/E39000030/ati/153/are/E38000010/iid/90647/age/168/sex/4>
- <sup>5</sup> PHE (2018). *Common Mental Health Disorders Profile*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders>
- <sup>6</sup> NHS Digital (2018). *Psychological Therapies: Annual report on the use of IAPT Services*. Available from [https://files.digital.nhs.uk/publication/s/n/psyc-ther-ann-rep-2016-17\\_add.pdf](https://files.digital.nhs.uk/publication/s/n/psyc-ther-ann-rep-2016-17_add.pdf)
- <sup>7</sup> NHS Digital (2018). *Psychological Therapies: Annual report on the use of IAPT Services England – Data tables*. Available from [https://files.digital.nhs.uk/C4/B3662D/psyc-ther-ann-rep-tab-2016-17\\_add\\_v2.0.xlsx](https://files.digital.nhs.uk/C4/B3662D/psyc-ther-ann-rep-tab-2016-17_add_v2.0.xlsx)
- <sup>8</sup> PHE (2018). *Severe Mental Illness Profile – definition of indicator 90573*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/6/gid/8000030/pat/46/par/E39000040/ati/152/are/E38000014/iid/90573/age/1/sex/4>
- <sup>9</sup> PHE (2018). *Severe Mental Illness Profile*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness>
- <sup>10</sup> NHS Digital (2018). *Mental Health Services Monthly Statistics*: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>
- <sup>11</sup> PHE (2018). *Severe Mental Illness Profile – definition of indicator 93288*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/6/gid/1938132719/pat/120/par/E54000048/ati/152/are/E38000200/iid/93288/age/168/sex/4>
- <sup>12</sup> PHE (2018). *Co-occurring substance misuse and mental health issues profile*. Available from <https://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth>
- <sup>13</sup> PHE (2018). *Public Health Outcomes Framework*. Available from <https://fingertips.phe.org.uk/public-health-outcomes-framework>
- <sup>14</sup> ONS (2018). *Age-standardised suicide rates by sex, age and STP in England, 2014 to 2016*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/007982agestandardisedsuicideratesbysexageandsustainabilityandtransformationpartnershipsinengland2014to2016>
- <sup>15</sup> ONS (2018). *Age-specific suicide rates by sex, STPs in England 2009-15*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/007319agespecificsuicideratesbysexsustainabilityandtransformationpartnershipsinengland2009to2015>
- <sup>16</sup> PHE (2017). *Opiate and crack cocaine use: prevalence estimates by local area*. Available from <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>
- <sup>17</sup> PHE (2018). *Overview of Child Health Profile*. Available from <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview>
- <sup>18</sup> ONS(2018). *Drug-related deaths by local authority, England and Wales*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority>
- <sup>19</sup> PHE (2018). *Learning Disability Profiles*. Available from <https://fingertips.phe.org.uk/profile/learning-disabilities>
- <sup>20</sup> Cumbria County Council. *Internal analysis of 2017 School Census*.
- <sup>21</sup> PHE (2018). *National General Practice Profiles*. Available from <https://fingertips.phe.org.uk/profile/general-practice>
- <sup>22</sup> NHS Digital (2017). *Measures from the Adult Social Care Outcomes Framework, England 2016-17*. Available from <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

## Local Safeguarding Adults Board (LSAB)

### Annual Report (2017-18) Business Plan (2018-19)



Blackburn with Darwen







# **Safeguarding and protecting adults from abuse is everyone's business**

**To report a safeguarding concern or seek advice:**

- » **Contact the Adult Safeguarding Team: 01254 585949**
- » **Out of hours: Tel. - 01254 587547**

**To report a crime:**

- » **In an emergency, contact the police: Tel. 999**
- » **If the adult is not in danger, contact the police: Tel 101**

# Contents

Introduction by the Independent Chair	page 1
1. Blackburn with Darwen Local Safeguarding Adults Board	page 2
2. What we have accomplished	page 5
3. Work of Board Members	page 18
4. Appendix A: LSAB Budget & Resources	page 31
Appendix B: LSAB Governance & Accountability	page 32
Appendix C: LSAB Strategic Business Plan, 2016/17	page 34
Appendix D: LSAB Business Plan, 2017/18	page 35



# Introduction

## by the Independent Chair

Dear Colleagues,

Welcome to the Blackburn with Darwen Local Safeguarding Adults Board (BwD LSAB) annual report for the year 2017/2018.

This has been another year of successful partnership working to safeguard adults at risk across the borough and much progress has been achieved.

Key areas of particular development include BwD LSAB working with colleagues across the Pan-Lancashire footprint to develop and implement policy and procedures relating to important areas of work such as Financial Abuse, Making Safeguarding Personal (MSP), and developing the voice of service users.

Another pleasing piece of work in addition to this involved BwD LSAB taking the lead, producing and publishing, the Pan Lancashire Anti-Slavery Partnership Modern Slavery toolkit, which has been adopted across the Pan-Lancashire footprint.

All of these developments either led by BwD LSAB or with the full participation of the Board, give good evidence of the commitment and hard work within the year towards both improving outcomes for adults who are at risk and towards enhancing the quality of working together across a bigger footprint.

This year again, a wide and successful programme of training has been delivered with excellent take up across partners and the impact of this training has found overall the safeguarding knowledge and confidence of staff had increased.

As in previous years, I am pleased to draw your attention to the case studies in the report which give real life meaning to the work of the partnership.

With much change on the horizon regarding how local safeguarding services will be delivered in future, I am confident we can build on existing strong partnerships to deliver this well..



A handwritten signature in black ink that reads "Nancy Palmer". The signature is fluid and cursive.

Nancy Palmer  
**Independent Chair, Blackburn with Darwen LSAB**

# 1 Blackburn with Darwen Local Safeguarding Adults Board

**The Blackburn with Darwen Safeguarding Boards strive to create an environment where children, young people and adults across the borough feel safe and protected<sup>1</sup>**

Blackburn with Darwen's Local Safeguarding Adult Board (LSAB) is in its third year as a statutory board under the Care Act although we have operated for a number of years before that in a way that was very much compliant to the Care Act and its guidance.

The LSABs Development Day for all board members this year focused on a number of key areas including:

- » What it means to be a board member
- » Having a clear sense of our priorities and assurance on practice
- » How the Local Safeguarding Children Board reforms will impact on the LSAB
- » Ensuring we are working in a joined up approach and identify any gaps
- » Focus on themes for the future

As a result of this day the LSAB identified how we are working well as a board and what can we do to improve this which resulted in the priorities set for the 2018/19. These are clearly focused around the LSAB duties as outlined within the Care and Support Guidance<sup>2</sup> and Appendix D of this report.

The relationship between the Safeguarding Boards (Local Safeguarding Children Board (LSCB) and Local Safeguarding Adults Board), Health and Wellbeing Board, Community Safety Partnership, Age Well Partnership and Prosperous Partnership remains as set out in the 'Memorandum of Understanding'<sup>3</sup> which is contained on the LSAB website.

The Board has Terms of Reference and an Information Sharing Protocol which member agencies have agreed to and these can be found on the Board website:

[www.lsab.org.uk](http://www.lsab.org.uk)

## Committees which support Board work

There are five committees that support the work of the Board; Communication and Engagement, Workforce Development, Quality Assurance, Safeguarding Adults Review Consideration Panel (this group meets when required and has not met in the last year) and the Business Group. Workforce Development, Communication & Engagement and the Safeguarding Business Group are joint meetings with Local Safeguarding Children Board representatives.

We also work where agreed on a Pan Lancashire footprint through the Pan Lancashire Adults Policy and Procedures Group and Pan Lancashire Chairs and Managers group. The last year has also seen the commencement of a Pan Lancashire Communication and Engagement Group, Financial Abuse Group and Pan Lancashire Anti-Slavery Network which are attended by the Safeguarding Development Manager and other representatives from Blackburn with Darwen LSAB partners. Examples of work undertaken are contained within this report.

<sup>1</sup>BwD Safeguarding Strategy

<sup>2</sup>Care and Support Guidance 2018

<sup>3</sup>[www.lsab.org.uk](http://www.lsab.org.uk)



# 1 Blackburn with Darwen Local Safeguarding Adults Board

## Relationship of the LSAB with other Partnership Boards

The LSAB, through the Independent Chair and officers within the Safeguarding Unit, attend and contribute to the working of a number of partnership meetings where adult safeguarding is a significant area of business. The key partnerships outlined in the Care and Support guidance are listed below with a brief description of bi-lateral reporting arrangements.

**Health and Wellbeing Board** – The Independent Chair of the LSAB attends the Health and Wellbeing Board to present the LSAB's Annual Report. The Director of Adults Services (DASS) and Executive Member for Adults Services are both members of the Health and Wellbeing Board. Officers from the Public Health team (who manage the business of the Health and Wellbeing Board), are members of the LSAB.

**Community Safety Partnership (CSP)** – The Head of Safeguarding, Community Protection & Specialist Services attends the Community Safety Partnership and the following links are made with groups within the partnership:

- » The Head of Safeguarding, Community Protection & Specialist Services chairs the Channel Panel (referral panel to identify preventative work for children and young people at risk of radicalisation)
- » The Head of Safeguarding, Community Protection & Specialist Services attends the Strategic Domestic Abuse Group and the Safeguarding Development Managers attend operational and task groups, advise on the domestic homicide review process and provide advice on the radicalisation agenda
- » The CSP Service Lead attends the LSAB & LSCB Quality Assurance Committees.

The CSP has continued to fund in 2017-18 a number of projects to train practitioners on safeguarding issues (radicalisation), raise awareness in the community (including for children) on a range of safeguarding issues (domestic abuse, modern slavery, criminal exploitation and radicalisation).

**Prevent Governance** – The Head of Safeguarding, Community Protection & Specialist Services chairs the Lancashire Channel Panel. The Head of Safeguarding, Community Protection & Specialist Services attends the Prevent Delivery Group and the Contest Board reporting regularly to the LSAB.

The budgets, resources, governance and accountability structures of the Board and Committees can be found in Appendix A and B.

The work undertaken by the Committees, evidence of the outcomes of Making Safeguarding Personal (MSP) and the key principles that underpin adult safeguarding work by our partner agencies are all contained within this report.

# 1 Blackburn with Darwen

## Local Safeguarding Adults Board

**Table of Board and Committee Attendance 2017/18:**

The acceptable minimum attendance rate at board and committee meetings remains at 75%. The Independent Chair and Committee Chairs challenge throughout the year attendance likely to fall below the acceptable rate by any agency.

Agency	Board (2 meetings)	Quality Assurance (3 meetings)	Workforce Development	Communication & Engagement
Adult Services, BwDBC	100%	100%	75%	75%
Lancashire Constabulary	67%	100%	N/A	N/A
BwD Clinical Commissioning Group	100%	100%	N/A	N/A
Children's Services & Education, BwDBC	100%	N/A	75%	100%
Public Health, BwDBC	100%	N/A	N/A	N/A
NHS England	0%	N/A	N/A	N/A
Lancashire Care NHS Foundation Trust	67%	100%	75%	100%
East Lancashire Hospitals NHS Trust	100%	50%	25%	25%
Healthwatch	33%	N/A	N/A	50%
National Probation Service	67%	75%	50%	N/A
Community Rehabilitation Company	100%	100%	N/A	N/A
Blackburn College	33%	N/A	100%	100%
BwD Voluntary Community Faith (VCF) Sector	100%	75%	100%	75%
Training 2000	N/A	N/A	N/A	100%
Schools/Education	N/A	N/A	50%	75%
Change, Grow Live (Substance Misuse Service Provider)	N/A	100%	N/A	N/A
Average attendance over all members for the year	61%	85%	57%	54%

## 2 What we have accomplished

The work of the Board is underpinned by the six safeguarding principles<sup>4</sup>

- » **Empowerment** - Presumption of person led decisions and informed consent;
- » **Prevention** - It is better to take action before harm occurs;
- » **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented;
- » **Protection** - Support and representation for those in greatest need;
- » **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse;
- » **Accountability** - Accountability and transparency in delivering safeguarding.

Through quarterly meetings of the Board and its Committees there has been progress towards its key business priorities in 2017/18 and the following report will evidence how agencies both individually and collectively fulfilled their safeguarding duties:

The Boards priorities for 2017/18 were:

- » **Assurance that adult abuse and neglect is responded to appropriately including key challenges**
- » **Continue to improve how 'voice' influences safeguarding arrangements locally**
- » **Supporting the development of consistent strategies on the prevention of all types of abuse and neglect.**

### Empowerment

Making Safeguarding Personal (MSP) was first used in 2010 nationally and it has embraced the wellbeing principle of the Care Act 2014, the core principles within a Human Rights framework and the core principles of the Mental Capacity Act 2005. MSP is a person centred and outcomes focused approach for adult safeguarding and this advocates a move from a process driven approach initially seen in No Secrets<sup>5</sup>.

An essential part of the LSAB assurance role in MSP is measuring what the difference MSP makes for adults who have been safeguarded through section 42 enquires and those who did not require such a formal enquiry. Through an MSP self-assessment we were able to take a 'temperature check' of progress both within the local authority and for partners. This enabled partners to identify key areas in Workforce Development, Service User Engagement, Advocacy, Policies and Procedures and Identification of Risk that need addressing to ensure MSP principles are being met. Partners have developed action plans that will be reviewed within the next reporting year. However, overall the LSAB is pleased with the progress so far as it would indicate we are on a par with many other authorities across England. The LSAB also recognises there is more work that can be done at the strategic level to ensure a fully integrated outcomes framework across all partners and this is why MSP remains a focus as we move forward.

<sup>4</sup>Care and Support Statutory Guidance 2019

<sup>5</sup>No Secrets 2000

## 2 What we have accomplished

*“I am asked what I want as my outcome to keep me safe.”*

### Advocacy

There is a legal duty under the Care Act for an independent advocate to be provided when an adult has difficulty taking part in decision making and has no family or friends to help.

Independent Mental Capacity Advocates (IMCAs) are a form of advocacy introduced by the Mental Capacity Act 2005. Their role is to represent those without mental capacity to ensure the wishes, needs and best interests of the adult. This is particularly important in safeguarding cases.

Blackburn with Darwen Adult Safeguarding Team will assess whether an adult requires an advocate. In all the cases during the last year where the referred person lacked capacity, the person had support from an advocate, friend or family member.

# 2 What we have accomplished

## Case study

### ALAN – A case study of physical abuse:

#### Then:

Alan (not his real name) was alcohol dependent and has a terminal illness. He is supported by the district nurse team who felt he was very vulnerable and at risk of social isolation. He lives alone in a house which is not suitable for his needs.

He has been assaulted in the past by someone known to him who he no longer has contact with. Unfortunately due to his illness he has become very forgetful about dates and times of recent events.

On bad days he is also unable to use the stairs to access the toilet upstairs therefore he avoids having to take essential medication. He was assessed by the Rapid Assessment Team and was provided with a commode but he found this difficult to empty.

He had ongoing problems with a faulty boiler which often left him without hot water and heating for days and his landlord had repeatedly failed to address these problems. He spent most days isolating himself indoors with his outdoor clothes on in front of a halogen heater to keep warm and often sleeps on his sofa when he cannot get upstairs to the bedroom.

Ideally Alan needed a move to a bungalow and was allocated one but he was waiting for a move date. He was also claiming some benefits but not others.

#### Now:

Alan was referred by his district nurse and accepted on Floating Support and to East Lancashire Hospice for social support and Creative Support for social inclusion. Two support workers meet with Alan at his home on a weekly basis to plan his choice of activities. This will reduce his social isolation at home and outdoors depending on his choice of activities.

Unfortunately Alan was assaulted again and an alert/concern was sent to the Safeguarding Adult Team and the police were also informed. Both services visited Alan to assess his welfare and needs and advised him on how to keep safe in his home.

Although Alan had private tenants' rights he felt it would be too disruptive to him to move whilst waiting for his bungalow to become available. A joint visit was arranged for the social worker and district nurse to carry out a social care assessment and as a result of this a package of care was agreed. Alan also received support from Shelter to review his benefits and he is now in receipt of additional benefits that he was entitled to.

Finally Alan moved to his new build bungalow and within the few days of moving in both his confidence and independence has increased. Everything is accessible both in his new home and locally and his needs are being met by ongoing support from multi agency services.

# 2 What we have accomplished

*“I know there are services available if I need them.”*

## Prevention

Safeguarding is everyone's responsibility and prevention is taking action before harm occurs.

### Learning and Development Programme

The joint LSAB and Local Safeguarding Children Board (LSCB) Learning and Development Programme continues to be well received by front line practitioners, the voluntary workforce and managers with improvements in terms of understanding, practical application and confidence in dealing with safeguarding issues on a day to day basis.

When considering safeguarding we have to remember that many situations are not just adult specific but will include other family members and as such a number of the courses delivered are suitable for both the children's and adult workforce. People also learn through different styles therefore we provide both online and face to face courses both of varying lengths and levels of complexity.

Below is data on the range of face to face courses (including joint courses with the LSCB), briefings and conference style events provided and the number of places taken up during the year.

- » **Safeguarding Adults – What you need to know (102)**
- » **Mental Health Issues in relation to Safeguarding (74)**
- » **Domestic Abuse (103)**
- » **Honour Based Abuse/Female Genital Mutilation/Forced Marriage (60)**
- » **Mental Capacity Act Update (22)**
- » **Safeguarding Awareness for Licencing (Taxi Drivers) (163)**

There was an 84% uptake of available places this year and, a 92% attendance rate which is slightly more than last year (91%). This remains a very good attendance rate.

Feedback from practitioners includes:

- » **I will share the information and knowledge I gained today with colleagues (VCF Sector)**
- » **The most helpful thing was when to and what to report (in respect of safeguarding) (VCF sector)**
- » **Its brilliant having localised training (Childrens Social Care)**
- » **I am much more aware of my safeguarding responsibilities (Provider Service)**
- » **It was very helpful to have a knowledgeable and approachable trainer (Adult Social Care)**

## 2 What we have accomplished

*“I know people there are available if I need them.”*

All training is impact assessed and this is reported through the Workforce Development Committee. The Workforce Development Impact Assessment Report 2017 highlights the following findings:

- » Qualitative feedback from practitioners identifies that following training their confidence and knowledge about safeguarding increased and led to dissemination of their learning within teams, changes in team processes, changes to multi-agency working and confidence when working with families. Just over three-quarters of a sample of practitioners contacted about the impact of training reported it had increased their confidence. Where practitioner's confidence or knowledge did not increase after attending training, this was attributed mainly to attending the course as refresher training.
- » The most common mentioned framework from practitioners was the Risk Sensible Framework and how the tools from this model are being used to improve home visits, identification of unmet needs and risk and supporting referrals to other services.
- » A sample of managers were also contacted on the impact the training had for their team members – over four-fifths reported their staff member's knowledge had increased and over three-quarters reported competences had increased after attending training. Managers regularly cited examples of knowledge in multi-agency processes increasing after their staff had attended training. All managers responding to the impact survey reported they would recommend attending training to other team members.

### Online Training

There were 14 online safeguarding courses available this year and over all courses there have been 6479 online packages completed which is over 600 more than the previous year. Practitioner feedback from online training remains positive.

### Safeguarding Adult Reviews

There have been no reviews undertaken in Blackburn with Darwen but learning from reviews in Lancashire has been shared through briefing papers.

The 2018/19 Blackburn with Darwen Multi-Agency Safeguarding Learning and Development Programme is available to access on the LSAB website

[www.lsab.org.uk/training](http://www.lsab.org.uk/training)

## 2 What we have accomplished

*“I know people are working with my best interest and I will receive as little or as much help as I need.”*

### Proportionality

This is working to support an adult that allows them to be in control of their lives no matter how professionals or others may disagree with their decisions. It remains about choice, promoting wellbeing and allowing for flexible and proportionate responses.

This also links with work around MSP and policy development that focuses on taking a risk sensible approach. The Adult Safeguarding Continuum was implemented in July 2016 and was reported in the previous LSAB Annual Report. The Continuum is a framework that allows for proportionate responses to safeguarding concerns, and how to ensure that the right course of action is achieved for the adult at risk. Lancashire and Blackpool Safeguarding Adults Boards have since developed their own frameworks based on Blackburn with Darwen's Continuum which has allowed for a consistent approach to managing concerns across the county.

In January 2018 the Continuum was evaluated with some very positive results including 86% of respondents being aware of the Continuum, how to raise a safeguarding alert/concern and 60% having used the tool in practice. The visual windscreen was used the most with the explanations on 'adults at risk', how to respond to concerns and the risk level indicators within the categories of abuse found to be equally useful.

There were a number of suggestions on how we could improve the use of the Continuum further. Many focused on training needs and the use of the tool in practice. As a result of this the guidance will be refreshed and relaunched in November 2018 alongside additional practice briefings delivered both directly to adult teams and multi-agency settings.



## 2 What we have accomplished

### Case study

#### BARBARA – A case study of Domestic Abuse:

##### Then:

Barbara (not her real name) was first supported by the WISH Centre as a long-term victim of domestic abuse from two successive partners. With such a long history of abuse (physical, emotional, financial and coercive control), she suffered from high levels of anxiety and depression. She was a dependent drinker and had misused substances both of which led to financial debt.

Barbara was living in an environment of anti-social behaviour linked to the abusive partner. Despite ongoing abuse, such were her deeply entrenched views and acceptance of abuse in her life; she saw this as “normal”.

The risks and complexity of needs around her case required a longer-term period of support and engagement with other organisations such as Change Grow Live (substance misuse service), Shelter and housing.

The WISH Centre has provided the more intensive level of support required with very positive outcomes for Barbara. This has involved regular telephone support (initially she preferred this to face-to-face meetings), ongoing safety planning and measures which she was encouraged to take so that the continued threats of abuse from her partner could be controlled and minimised (even though her initial preference was still to maintain the relationship). A lot of advocacy work had to take place as often agencies are quick to make assumptions about victims who resume abusive relationships or remain in them. A comprehensive support package was incrementally taken up by Barbara with regular home visits by the IDVA and accompanied “handheld” appointments to the GP to address her health needs, substance misuse treatment agency, other agencies for support, counselling via the local Complex Case Hub and floating support to help her deal with her debt.

##### Now:

With this in place, the result of investment of time by staff and their sheer persistence and tenacity in supporting Barbara in so many varied ways, her life has been transformed. She is no longer in the abusive relationship and is abuse free; she has a tenancy and is living in an environment free from anti-social behaviour (because her partner no longer lives there); she has now engaged with services and is receiving support from adult social care; and though still misusing alcohol, she has recognised that it is a problem and is accepting some support now to deal with this dependency.

## 2 What we have accomplished

*“I know there are services available if I need them.”*

### Protection and Partnership

Partnership is local solutions through services working with their communities, and communities having a part to play in preventing, detecting and reporting neglect and abuse.

#### **Pan Lancashire Anti-Slavery Partnership (PLASP) & Modern Slavery**

Human Trafficking and Modern Day Slavery is a hidden crime with victims often very difficult to identify. Following a number of local cases (see next section) of sexual exploitation, labour exploitation and criminal exploitation Modern Slavery awareness sessions were delivered in early 2017 (reported in the last Annual Report). Furthermore in April 2017 a Train the Trainer course for Modern Slavery Awareness was delivered to 16 staff from 9 agencies, again in collaboration with Lancashire Constabulary.

The Pan Lancashire Anti-Slavery Partnership was formed in December 2017 as a collaboration of many agencies including enforcement, statutory and voluntary sectors to develop a consistent approach to tackling this often complex area across Lancashire. Part of the prevention work undertaken is to raise awareness around the issues and in turn work towards identifying potential victims and subsequently improving the support they may receive. This is in line with the Independent Anti-Slavery Commissioner's national priorities and other regional and national activities.

The PLASP Toolkit aims to explain what Modern Slavery and Human Trafficking are and how everyone (including the workforce and public) can help tackle this. The toolkit provides a visual pathway for when victims are identified and how to support/safeguard them as well information on victim support services. This is an ongoing piece of work but it has already been used by our partners with excellent results for victims.

The PLASP Toolkit can be accessed on:

[www.lsab.org.uk/policies](http://www.lsab.org.uk/policies)

## 2 What we have accomplished

### Report on the work of the Lancashire Constabulary Modern Slavery and Human Trafficking Team

This team was created to deal with the very real threat against incredibly vulnerable people being inhumanly treated throughout Lancashire and the team have charged twenty one people with slavery offences. Sir Tom Windsor and Kevin Hyland OBE The Anti-slavery Commissioner have recognised the work of the team.

In addition to the numerous charges the Team put together the two first ever victimless trafficking prosecution cases and have just charged ten individuals in the largest trafficking sexual exploitation case the country has seen thus far. This bearing in mind is a team of seven officers which makes their achievements even more remarkable.

Operation Nyx was the first 'victimless' (no victims gave evidence) trafficking case under the new Modern Slavery legislation in this country. The case centred around three Romanian males who had trafficked a number of females from East Europe for the purpose of Sexual exploitation. Christian Stan, Ionut Stan and Christian Vasile were arrested in Blackburn following concerns raised by a neighbour of the property (names are given as this case is in the public domain).

Following discussion with Crown Prosecution Service, the ground breaking decision was made to attempt to run the case without complainants. This decision paid off due the pure determination of the team to build a case which could prove the offences without having to put these vulnerable females through the fear and heartache of a Crown Court Case. In essence the team were passionate to prove the offences are behalf of the women in this case.

Both Stan's and Vasile all entered guilty pleas receiving over ten years between them. These sentences are significant in that in his summing up the judge identified that there were no sentencing guidelines under the Modern Slavery Act, the males had given early guilty pleas and had no previous convictions. The result was widely recognised at Modern Slavery conferences and Downing Street.

Operation Ludlow is the largest sexual exploitation case under the new Modern Slavery legislation the country has seen thus far. Following a covert investigation, using innovative tactics, whilst focusing on the safeguarding of a number of vulnerable females, ten Romanian defendants have been charged with conspiring to traffic and incite prostitution. The arrests were made at a number of different locations over the country with Lancashire Constabulary leading the case. Using surveillance, undercover work and working with border force colleagues a case has been put together with the foresight of not requiring the victims to have to give complaint statements.

## 2 What we have accomplished

On the day of the arrest ten Romanian females were taken to specially set up victim centres across the country. Some of the females gave an account of what had taken place but none would give statements. Since this time the team have continued to work with the females and have introduced a number of charities into their lives in an attempt to build their confidence and stability. The case went to trial and nine men were found guilty of human trafficking offences and are all serving terms of imprisonment. This case is now looked upon as best practice when dealing with sexual exploitation trafficking cases.

The team have also been running Operation Renard which is aimed at targeting the infrastructure of trafficking nominals into cannabis farms across the North West of England. The case has resulted in fifteen people being charged with conspiracies. Over £250,000 has been recovered and cannabis worth in the region of £500,000 removed from the streets.

The team have also been successful in receiving funding to set up a victim suite, with bedrooms, lounge area and interview facilities. The idea came from the fact the team didn't believe it was appropriate to take victims to police stations as it brought more fear to the victims.

## 2 What we have accomplished

### **Pan Lancashire Financial Abuse Group**

Financial abuse is the third highest abuse that is reported nationally and locally to adult safeguarding teams. It is also known that there are and will be many victims who do not meet the care and support criteria that require 'safeguarding' under statutory guidance. This group was set up in response to the Boards being concerned about the increasing incidence of financial abuse being reported particularly in the voluntary sector. Their aims are to be a short term group to:

- Ensure a consistent, multi-agency approach to identify and raise awareness of financial abuse
- Identify multi agency work which may be undertaken to strengthen and improve safeguarding practice to tackle financial abuse

In November 2017 BBC Radio Lancashire Breakfast Show ran a Financial Abuse theme. A local resident gave her experience of financial abuse by a family member and the impact it had on her family. She was supported by Blackburn with Darwen's Adult Safeguarding Team with a positive outcome in that the abuse was stopped but the financial and emotional impact, her husband and wider family have endured would remain for some time. The Safeguarding Development Manager also gave some insight as to the prevalence of financial abuse locally and promoted the work the Financial Abuse Group hope to achieve. Listeners were asked if they could assist in filling in short survey but as this was not as successful as hoped as BBC Radio were unable to advertise the link. However, the small sample of results echoed that of national research; the vast majority of victims do not report the crime especially those in which a family member is the abuser, scams were the most prevalent and the amount taken ranged from under £50 to over £10k.

The group has identified that many workers do not know what advice to offer victims who again do not fall under statutory support therefore for 2018/19 training and support pathways will be developed by the group.

### **Multi agency safeguarding policy and procedures**

The Pan Lancashire Multi Agency Safeguarding Adults Policy and Procedures are reviewed by Business Managers from across Pan Lancashire and Cumbria Safeguarding Adult's Boards and these are available on:

[www.lsab.org.uk/policies](http://www.lsab.org.uk/policies)

## 2 What we have accomplished

### Case study

#### VINCENT & JEAN – a case study of Financial Abuse:

##### Then:

The Safeguarding Adults Team was contacted as concerns were identified that the landlord of a private rented property was allegedly financially abusing the tenants. After discussing this with Housing Standards it was found that the money that the landlord was requesting from the tenants who we shall call Vincent and Jean (not their real names) was a “top up” payment of the remaining rent not paid for by Housing Benefit and this was part of the Tenancy Agreement that was signed by tenants.

Support was sought from other agencies and a referral to Transforming Lives was completed by the Safeguarding Team due to concerns about the condition of the home environment for the couple. Other concerns had been raised that the tenants had their belongings, furnishings and clothes deposited into a skip. The landlord obtained money off them to fund a skip despite them not requesting one.

Over the years Safeguarding Adults Team have been involved with the couple on a frequent basis and have made numerous attempts to support Vincent and Jean to move to a more appropriate housing setting as their current property was not fit for them to reside in. Offers of support continued to be refused by them and it was agreed by all involved that it would be in their best interest if they were moved away from the landlord who over the years has a hold on them psychologically and emotionally.

Due to concerns raised by Learning Disability Social Workers, Learning Disabilities Nurse, Housing Standards, Neighbourhood Policing Team and Safeguarding Adults Team, BwD Legal Team made an application to the Court of Protection to provide a welfare decision to move Vincent and Jean which was granted and they moved into a private rented property with a reputable landlord with daily support from carers which they have accepted. They were supported throughout the process by an Independent Mental Capacity Advocate.

##### Now:

They have settled well in their new environment following an ongoing journey over the years to get them to move away from their manipulative landlord. The landlord has been spoken to by the Police and has been advised to cease all contact with the couple. All agencies are continuing to ensure their safety when they are at home and within the community. They are aware that they need to talk to someone if they feel that they are risk of financial abuse. Support has also been offered to support them with medical appointments. The outcomes for the couple have been very person centred and have demonstrated multi agency and partnership working with a focus on Making Safeguarding Personal has an integral theme throughout.

## 2 What we have accomplished

*“I understand the role of everyone involved to keep me safe.”*

### Accountability

The Board's Quality Assurance Committee helps provide the assurance that partners recognise and act upon their responsibilities to safeguard adults and learn from incidents and performance data. Within the next section, this work will be highlighted through the work of partner agencies.

Quality Assurance/Performance Monitoring analysis identifies areas of focus or development, and through Safeguarding Workshops we gain feedback from staff and practitioners who have been involved in safeguarding adults' processes.

### Case study

#### **NORMAN – another case study of financial abuse:**

##### **Then:**

The Safeguarding Adults Team, Together Housing, Adult Social Care and the Neighbourhood Policing Team are aware of an elderly male, Norman (not his real name) who lives alone with his dog and other pets. Professionals have come into contact with him a number of times due to his vulnerabilities and concerns have been raised of younger females taking advantage of him regarding his finances.

When he was asked he has said the females are his friends and help with his shopping. However on checking bank statements (which he gave consent to) there were transactions at petrol stations (he doesn't own a vehicle) and also transactions at 06:30am in the morning, he hasn't been out at that time. There were other numerous transactions for cash and parcels bought from the internet when he doesn't have access to the internet at all.

Norman said that a female who has been staying with him had access to his debit card and debit card detail. A move was discussed with the allocated safeguarding social worker into more appropriate accommodation but this was refused as Norman wanted to stay where he was and he stated clearly that he is lonely and has said he lets people come into his house for company. After 18 months of encouragement and discussion of his situation with the Safeguarding Adults Team he agreed that it would be beneficial for himself to move with his dog and other pets. A referral was submitted to Transforming Lives to support him with the move.

##### **Now:**

The Transforming Lives Team meeting actions were agreed to assist him to move away from the area where he had been targeted. He has settled into his new property and is back in contact with his family. This case study demonstrated a multi-agency approach with the wishes of the individual remained paramount. The consistent and continued input from Adults Safeguarding Team enabled Making Safeguarding Personal to be an integral theme throughout Norman's intervention.

# 3 Work of Board Members

The Board achieved its priorities with the joint work of its member organisations. Organisations contribute to the strategic development of safeguarding adults as well as promoting safeguarding within their own services. The following are examples taken from those contributions and includes how they have improved outcomes for those at most risk and the work towards the Board priorities.

## Adult Services

Across the year there has been a fall in individuals with safeguarding concerns being reported to the Adult Safeguarding Team - (180 across the year; 16%), with a fall of 83 in individuals involved in section 42 (S42) safeguarding enquiries (15%)(these are the enquiries that are made under adult protection procedures); and a fall of 109 in individuals involved in other safeguarding enquiries (a 27% fall)(these are enquiries whereby investigation may still be undertaken but adult protection processes per se are not required). This probably reflects bedding in of the new recording and reporting systems as well as greater clarity about what is and is not a safeguarding concern - especially on borderline cases where the quality of provision fringes into safeguarding.

Looked at by age, this fall was most pronounced in the younger age groups (18 to 64 year olds) and in the 75 to 84 year old age band, the latter probably reflective of being directed to the quality team in Commissioning rather than the Adults Safeguarding Team.

Irrespective of the above the overall key message is that there are many more section 42 enquiries undertaken in Blackburn with Darwen (BwD) compared to the national average and this is true across all age bands, especially the 65 to 84 year old age band. Typically, there are around twice as many enquiries undertaken compared to the national average across all age groups. The high number of enquiries undertaken reflects both a higher number of safeguarding concerns (1.5 times the national average); and a higher conversion rate of concern to section 42 enquiry (39% compared with 37%). In summary, even after the 15% local fall in enquiries between 2016/17 and 2017/18 the Adult Safeguarding Team make twice as many section 42 enquiries as the national average.

The gender split reflects a 60:40 split female to male. This is the same nationally and regionally and reflects the make-up of the cohort. The ethnic make-up of the concerns differs from the national pattern, but reflects the broad local service base, albeit with a slight preponderance of White/UK clients - 86% of section 42 enquiries and 79% of those supported.

Looked at by type of need, the local pattern is broadly in line with the national picture and reflects the number of clients in the 'physical support' reason. However, there are differences locally; over the past two years clients with whose primary support reason is either mental health support or social support make up a higher proportion of those with section 42 enquiries than nationally; and the reasons for this will be investigated in the future.

A further striking difference with the national (& regional) pattern is the preponderance of financial and material abuse as the source of risk - 31% of all s.42 enquiries locally in 2017/18, 26% in 2016/17, yet only 16% nationally. Proportionally, physical abuse is broadly in line with the national average, while neglect and acts of omission are 10% lower, as a proportion of the total. When considering all of the above, it is important to bear in mind that these are local totals, so, since that total is roughly double the national average, BwD still have a higher incidence per head of population of enquiries pertaining to neglect, or physical abuse.



# 3 Work of Board Members

Looked at by location, the local pattern again shows interesting differences as Section 42 enquiries are more likely to relate to clients living at home (55% of all those locally, compared to 44% nationally); and less likely to be in residential homes (15% compared to 24% nationally). This will partly reflect the quality of local care homes, but again it needs to be borne in mind that the incidence of enquiries in residential homes is still higher per head of population than the national average. The proportion of enquiries in acute hospital setting is also notably higher than the national average (12%, compared with 3% nationally) and this will be explored.

In terms of the outcomes of enquiries, the pattern shows that locally we are more decisive: more likely to identify risk and take action than is the case nationally (89% of all enquiries, compared with 65% nationally); and also more likely to decide to take no action. BwD has not recorded any enquiries that have resulted in an inconclusive assessment or enquiries where no risk is identified. This is different from nationally and probably explains the difference outlined immediately above.

Recording of adult's mental capacity and their outcomes through Making Safeguarding Personal has improved year on year, but remains somewhat patchy. 27% of all assessments of the adults at risk mental capacity were either 'do not know' or 'not recorded' in 2017/18. This is down from, 32% in 2016/17, but still above the 2016/17 national average of 18%. Looked at in comparison to the national picture, fewer than half the proportion of section 42 enquiries relate to individuals lacking capacity locally (14%), compared to the national picture (29%). This probably reflects the volume of s.42 enquiries undertaken locally, but also probably reflects some under-recording.

Recording of Making Safeguarding Personal conversations and outcomes remains a challenge. In 2016/17 and 2017/18, in nearly half of all safeguarding enquiries 'don't know' was answered to the question about whether the individual or their representative were asked for their desired outcomes. If the answer of 'no' is added to 'don't know', in 70% of all enquires we do not know whether the individual (or representative) was asked, or we know that they were not asked. This compares with a national average of 23% and a regional average of 27%. It is clear that the recording around MSP needs to improve markedly; and this is not just the case locally, as many local authorities struggled to return any data at all in 2016/17.

## Deprivation of Liberty Safeguards

- The department has a robust system for responding to cases requiring DoLS involvement, although the system is severely stretched due to the numbers of DOLS cases received. Data re DoLS activity is captured annually by the Health and Social Care Information Centre.
- There has been a project undertaken to clear the backlog of requests for standard authorisations. There are a remaining 114 that have been assessed but not yet processed for authorisation. Therefore we have no outstanding requests for assessments from previous financial years.

Quality of care in residential settings is monitored by the Care Quality Commission and there are currently 25 homes in Blackburn with Darwen. All but two homes have been graded as 'good' by CQC and 2 that require improvement will be monitored and re-inspected.

# 3 Work of Board Members

## Public Health

The Public Health directorate has a remit to work strategically to deliver health as an added value outcome of all strategy, policy, programmes and projects. It has adopted a life course approach which includes programmes and commissioned services for children and adults.

Those services that may impact on adult safeguarding and wellbeing included: sexual health services, smoking cessation services; alcohol and drug misuse services; interventions to tackle obesity; public mental health services; initiatives to tackle social exclusion and public health aspects of promotion of community safety; and violence prevention and response.

The Strategic Commissioning Service have highlighted to all providers the safeguarding requirements of Public Health contracts as well as ensuring providers have registered for safeguarding updates and attendance at relevant safeguarding training. This was established in October 2016 and as operational processes are developed and confirmed safeguarding information has been captured using a standardised method.

## Health Organisations

### Blackburn with Darwen Clinical Commissioning Group (CCG)

Blackburn with Darwen CCG is a commissioning organisation, so by the nature of its functionality there is minimal direct activity in respect of attending operational safeguarding meetings or making referrals in respect of safeguarding adults, but is focussed more on the assurance and accountability that health commissioned care is effective in safeguarding adults with care and support needs. The CCG has a strong working relationship with the Board and has a role within its sub groups.

The CCG has a safeguarding commissioning policy with expected training standards and standards for service delivery. This was last updated in May 2018 to reflect the updated assurance systems for the CCG. The policy can be accessed via the CCG website:

**[www.blackburnwithdarwenccg.nhs.uk](http://www.blackburnwithdarwenccg.nhs.uk)**

In January 2018, the CCG created a domestic abuse in the workplace policy to reflect the need for staff suffering domestic abuse to be supported. This was developed with support from the family of a domestic abuse victim who was sadly killed whilst working in the NHS. The new policy can also be accessed via the CCG website.

# 3 Work of Board Members

Basic safeguarding training compliance rates for CCG staff has risen from 74% last year to 91% overall this year as a result of significant work undertaken by the CCG safeguarding team.

There has been considerable change and development within the Pennine CCG Safeguarding model, which has been reported to the Board. The safeguarding function is now fully embedded as a Pennine Lancashire service, although the chief officers in the CCG retain separate Blackburn with Darwen and East Lancashire statutory responsibilities. The merger has resulted in Lancashire Care NHS Foundation Trust (LCFT) Specialist Safeguarding Service specification being reviewed and updated and is now in place to ensure services received through LCFT are consistent for both Blackburn with Darwen and East Lancashire footprints. Key within this is that the CCG now commission an equal advice and support service across the health economy for both Children safeguarding and Adult Safeguarding.

The CCG have provided details through their quality assurance/performance monitoring declaration where they are involved in multi-agency auditing. Action plans resulting from these are fed back through various local safeguarding systems as required (e.g. representation at LSAB, the performance of providers and their continued review, Designated Professional oversight of GP, CQC inspection findings) and for practitioners (training compliance, safeguarding specialist services through LCFT and safeguarding commissioning policy etc.) is also provided.

The CCG recognise that current models of assurance do not effectively capture service user voice. The CCG is leading with partners on developing the MSP framework for Pan-Lancashire in order to improve the health economies response to safeguarding in ensuring service user voice is at the heart of what we do.

The CCG was able to secure resource to develop and deliver Mental Capacity Act Training for both informal carers as well for care homes across Pennine Lancashire. The CCG commissioned 'Afta Thought', a drama based training company, who were able to really bring the subject to life. This was extremely well evaluated across all the events. Alongside this, the CCG has delivered a workshop for a range of professionals on MCA and challenges in practice on behalf of the LSAB.

The CCG has worked closely with the local authority safeguarding team to strengthen local safeguarding arrangements and this has resulted in much tighter working and stronger communication.

A new covert medication policy was developed by the CCG and the team have provided training to a range of professionals and care providers in ensuring they are skilled in interpreting this and applying the principles.

There is already a successful care home champion's model in East Lancashire which the CCG are working closely with the LSAB in developing a similar service for the care home sector of Blackburn with Darwen.

**GP Practices:** Blackburn with Darwen has 26 GP practices, of which 22 have been inspected by the Care Quality Commission (CQC), and of these 18 were rated as 'good' in the area of safeguarding practice, which includes safeguarding compliance and staff being up to date with training. Where a practice is not rated as Good, the CCG actively work with the practice to support them to raise the skills, knowledge and systems to ensure they are effective in managing safeguarding.

GPs receive a weekly newsletter and key safeguarding information is included within this plus the CCG now has a safeguarding section on its intranet site that GP practices can access.

## Lancashire Care NHS Foundation Trust (LCFT)

Lancashire Care NHS Foundation Trust provides health and wellbeing services for a population of around 1.4million people. The services provided in the Blackburn with Darwen locality include inpatient and community mental health services. The Trust covers the whole of the county and employs around 6,500 members of staff across more than 400 sites.

The Care Act 2014 clarified the expectations of the health and social care sector when safeguarding adults and NHS England (NHSE) set out roles, duties and responsibilities of all organisations commissioning and providing NHS healthcare in relation to safeguarding

The Trust is required to demonstrate that it has safeguarding leadership and commitment at all levels of the organisation and that it is fully engaged and in support of local accountability and assurance structures. The Trust can demonstrate compliance with Care Quality Commission (CQC) regulation 13 and Fundamental Standards of Care and key lines of enquiry for safeguarding vulnerable service users and adults.

Safeguarding priorities for the year is reflected and outlined within our three year Safeguarding Vision for the Trust. This Vision advocates a whole organisational approach to safeguarding and supports realisation of the Trust “Quality Plans and Vision”. Priorities that would include safeguarding adults were to:-

- **Strengthen safeguarding practice & systems to sustain compliance with revised statutory Prevent Guidance and responsibilities.**
- **Develop a strategic safeguarding quality assurance framework.**
- **Develop systems to support MASH.**

**Training:** LCFT is fully engaged in the County and regional PREVENT work and the County Channel Panel. LCFT is represented on Lancashire Channel Panel, and is engaged in the programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being radicalised. Contribution to the Channel process is part of the broader safeguarding responsibilities for LCFT. PREVENT awareness training compliance in all networks is above 90%.

A review of Level 2 Mental Capacity Act (MCA) training has also been undertaken with specific reference to the national competency framework for MCA developed in association with the MCA Forum. The MCA Named Professional continues to attend our Mental Health Law groups within each network. This allows for discussion and supervision of complex MCA cases and support to the networks around the implementation of MCA

The Safeguarding Team continue to be responsive in providing more targeted or bespoke training across the networks according to service level needs. The Safeguarding Team Lessons Learned Group has been developing systems and processes to ensure that information from both external and internal reviews e.g. Serious Adult Reviews (SAR), Domestic Homicide Reviews (DHR) and Post Incident Reviews (PIR) are timely and disseminated across the Trust.

# 3 Work of Board Members

LCFT Making Every Contact Count (MECC) programme is about enabling staff to make a difference through a client-centred approach to care via a trust wide training initiative. The programme promotes staff to ask service users, advise and act. Phase 2 of the MECC programme is currently underway this will include routine enquiry in respect of Domestic Abuse.

During 2017/18 there has been a focus on increasing awareness of Domestic Abuse and strengthening application of routine enquiry within Mental Health Services. The safeguarding team and Mental Health Network have developed and strengthened systems to enable the identification of people who may be at risk/ experiencing domestic violence with more robust information sharing into the Multi-Agency Risk Assessment Committee (MARAC) process.

The Safeguarding Service works closely with the Networks to account for their delivery of safeguarding practice and compliance. The team provides a specialist safeguarding service that supports learning and competency through co-ordination of training, supervision, advice and consultancy to all front-line practitioners, their managers and fellow professionals.

**Making Safeguarding Personal (MSP):** LCFT have completed an organisational MSP audit and the principles of MSP are integrated into LCFT quality plans and vision. Robust risk management arrangements are in place and the patient's voice is captured and acted upon by our Experience Team. LCFT are working alongside their Quality Improvement Team to ensure key messages around MSP are embedded within organisational thinking and service user engagement forums. One of the priorities for 2018/19 is to review and assess adult safeguarding practice in relation to making it personal against the ADASS MSP audit frameworks.

**Voice of the adult:** People are invited to complete the Family and Friends Test (FFT) at an agreed point in care, this may be at discharge for those receiving inpatient care, at an agreed point on the care pathway eg CPA review, or some teams collect feedback quarterly (as per the national guidelines). Alternatively someone can complete the FFT questionnaire at any time via the link on the Trust web page.

When people complete the FFT they are also asked to comment on what they perceive as "the best aspects" of the service that they have received. The survey also gives people the opportunity to "suggest improvements" and the information provided gives an invaluable insight about thoughts and feelings in relation to the care and treatment received, which, along with other existing ways of gathering feedback helps us to improve the services that we provide. This allows for Clinical Teams to feedback to people who use services the results and improvements made in response to the feedback in a "you said... we did format".

# 3 Work of Board Members

## East Lancashire Hospitals NHS Trust (ELHT)

East Lancashire Hospitals NHS Trust employs a Specialist Safeguarding Team who support over 7500 staff to implement the safeguarding agenda. The Trust has approximately 1000 in-patient beds across five hospital sites as well as services located in the community. The Trust serves a population of over 530,000 people.

Since 2016 there have been appointments of a new Named Nurse for Safeguarding Adults, a Named Midwife and new Safeguarding Practitioners to the team who are now all well established in their roles. The role of the Safeguarding Team in relation to adults is to provide specialist advice and direct support to vulnerable adults who access services. The Safeguarding Strategy 2017-2020 has been launched throughout the Trust and progress is ongoing. All Safeguarding Standards were met for the year.

The Trust are pleased to report that Safeguarding adults training for staff currently stands at 96% compliancy (84% last year) and 95% compliancy for training on Prevent (81% last year).

Safeguarding alerts may be raised by the Trust or against the Trust. The number of safeguarding alerts raised by staff over the year has been 616 in total, which is an increase from the previous year (559). Those requiring investigation under statutory procedures are forwarded to the Adult Safeguarding Team in the local authority and regular meetings are held with and in partnership throughout the investigation process.

During the last twelve months the average number of Safeguarding Alerts raised against ELHT has reduced from 7.0 per month to 6.8 at year end and this is a reduction of 1.5 per month from the average of 8.3 last year. The themes emerging from these alerts (irrespective of outcome) are mainly poor discharge and general clinical issues, and work is ongoing to improve these areas and reduce the number of alerts against the Trust further.

In addition to formal safeguarding alerts, specialist advice and support is also sought regarding safeguarding concerns. These make up around 130 contacts each month.

The Specialist Nurse for Learning Disabilities and Autism (LD&A) continues to offer support to people with learning disabilities and their families. In the last year the total number of patients supported has been 238, this is down from the previous year of 276 but this is due in part to the complexity of the cases. The achievements of the service user group led by the specialist nurse are as follows:

- Development of the Learning Disability Care bundle
- Review of the hospital passport
- Development of a user friendly 'friends and family test' is now available for use across all ELHT services
- Developing tools to support new parents who have a learning disability.

As well as the core business in line with The Care Act, East Lancashire Hospitals NHS Trust embraces all of the safeguarding adult agenda, including the Mental Capacity Act, Deprivation of Liberty Safeguards and Prevent. They are actively engaged with the Safeguarding Boards across Lancashire and work closely with partners to ensure that vulnerable people are safeguarded.



**Making Safeguarding Personal** Patient outcomes are recorded within individual medical notes and safeguarding needs are assessed prior to discharge. The hospital passport incorporates patients own goals and outcomes for achievement and all safeguarding alert forms for use in the hospital now include a specific requirement to ask the patient what outcomes they would like as a result of any intervention.

ELHT has a service-user group for people with a learning disability, and they have been instrumental in improving the way ELHT work. In January 2018 the group were also invited to speak to the LSAB about their role and achievements and this was well received by Board members.

East Lancashire Hospitals NHS Trust completed the MSP audit in March 2018 and are working through the action plan to strengthen the voice of the vulnerable adult, and explore how they can further incorporate the MSP agenda within our clinical services.

## Criminal Justice Sector

### Community Safety Partnership (CSP)

The community safety team develops strategy, provides and commissions services in support of vulnerable people with a focus on those persons that are a victim of crime or abuse.

**Prevent:** The Board continues to be updated and provide with assurances that robust Channel arrangements are in place. The Prevent team supports internal and external stakeholder in the provision of WRAP (Workshop to Raise the Awareness of Prevent) sessions or prevent briefing sessions with a total of 3024 delegates which is approximately a 25% increase on last year.

The Prevent Coordinator has participated in several meetings and liaised with relevant statutory services to offer advice and support in managing the safeguarding vulnerability and risk of adults either convicted for Terrorism offences or subject to Prevent Case Management by the police.

In March 2018, , to celebrate International Women's Day, the Prevent Support Officer organised a celebration of the contribution of women in Blackburn with Darwen, with 50 people from the community and third sector organisations listening to various inputs on Prevent, Domestic Abuse, Hate Crime, Democracy and role of women in politics and mental health etc. Speaker, Nicola Benyahia spoke of her personal experience and the impact on her family, of her son travelling to Syria and being killed fighting for Daesh. Excellent feedback was received and it is proposed that the team will build on this initial activity next year. Delegates listened to emotional first-hand accounts from Figan Murray, whose son Martin was killed in the Manchester attack and Michael Evans whose brother was killed fighting for Al-Shabab. The event was cost neutral to the local authority and feedback from the event was outstanding. As a result of this, other Prevent staff are replicating this in their areas nationally.

An online resource to include subject awareness on extremism, radicalisation, internet safety, online bullying and grooming was developed by the team and is available on:

<http://iprevent.org.uk/>  
Page 51

Safeguarding vulnerable individuals who are at risk from radicalisation and extremism is mainstream safeguarding work. The way in which Prevent and Channel are delivered overlaps with the wider safeguarding duties the Local Authority has for adults at risk (and children) so there is a need to work closely with the Boards which the Prevent Team do robustly.

Domestic abuse: This year an independent review of the increase in demand was commissioned to look at key areas including:

- Data collation - data sources to identify changes in demand at different parts of the system and via different sources e.g. commissioned service, police data, associated services, including the distribution of referrals across risk levels.
- Referral mapping to examine; relationships between referral numbers/incidents, appropriateness and risk, engagement rate and demand

The review will inform the future direction of domestic abuse services in Blackburn with Darwen in 2018/19.

The Complex Case Hub is a pilot that brings together services from mental health, domestic abuse, substance misuse and social care to co-manage cases where there are multiple and complex need. The proportion of adults only cases to those with children is currently only 3% of cases.

The commissioned Domestic Abuse service provider sits alongside supplementary services provided by a number of local 3rd sector organisations which collectively provide a comprehensive offer to the residents of Blackburn with Darwen. In terms of the commissioned service it has 6 programmes, the performance of which is measured via a combination of report card, qualitative assessment and quantitative assessment.

The number of MARAC (Multi Agency Risk Assessment Conference) cases discussed has not altered over the last year but the number of high risk repeats cases has increased by 15.5%.

**Crime:** There was no additional data on violent crime to that of last year when a 13% increase relating to violent crime was recorded with the same trend across Lancashire. The CSP continues to work with partners to improve this. Anti-social behaviour on the other hand continues to fall across the borough although the severity of complaints has increased with growing numbers of complaints from groups with protected characteristics. There is also a disproportionate prevalence identified in certain wards and feedback from residents through resident surveys that points to increasing concern and reduced reporting alongside greater complexity.



## Lancashire Constabulary

There has been further restructuring within the constabulary over the last year and recent inspections have highlighted a large number of areas for development across the county.

The Futures Team has been reviewing the Multi Agency Safeguarding Hub (MASH) process for nearly 2 years and as a result the process within the hub has changed over the last quarter of 2017/18. Data continues to be provided for the number of high, medium and standard risk referrals sent to the MASH for discussion and decision making. Overall figures show a slight downward trend in numbers in comparison to the previous year as well as a slight downward trend for those classed as high and medium. Reporting includes specific categories of abuse and of those physical abuse and sexual abuse remain the highest followed by domestic abuse, neglect and financial abuse. The MASH redesign principles are based upon a systems thinking approach which is designed to increase effectiveness in the delivery of the right services to the public. For example Police Officers are encouraged to contact MASH when they attend incidents where a vulnerable adult is identified, this will promote conversation around the needs of the individual and help to assess the current level of need/ support required and where any referral is best placed and gaining consent for referral to appropriate services.

The Multi Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of the constabulary, health, social care, housing, domestic abuse services and other specialist services. The number of cases heard in Blackburn with Daren has reduced slightly in comparison to last year but the number of repeat cases heard has increased from 27% to 33%. Plans are in place for a full multi agency review of the MARAC system across Lancashire which will explore the issues surrounding the high demand and explore other options to address these issues and make it a more streamlined process whilst ensuring the continued safeguarding of victims.

Using the systems approach as previously mentioned there was a full review of the Constabulary's domestic abuse approach with officers from Superintendent to Police Constables, Independent Domestic Violence Advocates and Victim Support to identify areas for development. As a result of this it was felt that police officers and staff were in need of a refresher in their approach to domestic abuse and this was delivered across Lancashire to all relevant staff.

The number of requests between October 2017 and March 2018 applying Clare's Law (Domestic Violence Disclosure Scheme) has increased from 64 to 106 which could possibly indicate greater awareness of the public and confidence to apply.

Rape has been at the forefront of review and scrutiny over the last 12-18 months and media campaigns have been launched focusing on the 18-25 age range with Blackburn College being one of the locations where direct input was placed. Officers have received training in agreed investigation tool kits with the emphasis on improving the quality of investigations by ensuring files submitted to the Crown Prosecution Service are fully comprehensive. The overall aim of this is to improve the journey of the victim, providing them with the correct support throughout the investigation and at the final outcome. Approximately 1200 officers have received this training although it is recognised there is still more work to do and there are currently actions in place to understand how further improvements can be delivered.

# 3 Work of Board Members

## National Probation Service (NPS)

All service are assessed and risks identified which includes risks posed to themselves and others. 25% of cases in the NPS have domestic abuse as a marker and the NPS deliver three programmes to help perpetrators understand the impact that domestic abuse has on their victims. These programmes include Building Better Relationships, Safer Relationships and one to one work although take up for these programmes is low work in ongoing to encourage increased use of them.

Over the last year probation officers have been assessed under the Autism Standards project and learning from this has been cascaded. This increases and develops staff knowledge with regards to understanding autism, accessing diagnosis and support and evidence within assessments indicate this greater understanding. This in turn impacts the service user's lives, experience of the Criminal Justice System and implanting appropriate reasonable adjustments. As part of the accreditation by the national Autistic Society service user interviews were undertaken by assessors and feedback was overwhelmingly positive with regards to meet the particular needs of this group.

NPS is committed to sending the most appropriate person to multi agency meetings such as MARAC, MAPPA, domestic abuse strategic meetings and case conferences and NPS has a representative on the Local Safeguarding Adults Board. Safeguarding training is mandatory and currently an action is to ensure all staff are also Prevent trained.

## Voluntary, Community & Faith Sector

A number of services within this sector have been able to provide a significant amount of data on the volume of preventative and safeguarding activity they have undertaken, including how outcomes have been achieved. How risk has been reduced (where applicable) is also provided in their returns. The following is taken from information provided in their Quality Assurance/Performance Monitoring Declarations and Annual Reports.

## Change, Grow, Live (CGL)

CGL provide support services for those who misuse substances. Over the last year the number of safeguarding concerns (children, young people and adults) has increased from 21% in 2017 to 25% despite the actual number of service users on their active caseloads decreasing, this is suggestive that CGLs recording system has improved and the knowledge and competence of adult safeguarding of team member has also improved. The actual number of adults at risk on active caseloads has reduced but this has been in part due to the implementation of electronic care plans and safeguarding being embedded as part of these therefore any risk indicators are removed one risk is reduced.

The level of complexities of service users (e.g. autistic spectrum, adverse childhood experiences) has increased over the last couple of years but the current number of adults considered at risk remains manageable for the service.

The Designated Safeguarding Leads have risk management discussions on a daily basis, group safeguarding supervision sessions and individual case discussion whereby adult safeguarding concerns have been identified. One of the Designated Leads sits on the Complex Case Hub panel, where support for substance misuse has been identified, they also manage a small caseload whereby substance misuse support has been identified and there is required a multi-agency care planning approach, for example with social care and domestic abuse services.

## WISH/BDWWA Centre

The WISH centre provides domestic abuse services in Blackburn with Darwen and works in collaboration with a range of voluntary and statutory organisations including the Women's Centre, Inspire, housing and mental health services. In 62% of cases staff are co-working with partner agencies to support victims and their families.

The largest number of referrals to WISH is self-directed with the number from other services remaining constant. 68 clients alone have had a successful outcome in the criminal courts in the latter half of the year which was an increase on the same time the year before.

WISH has delivered a range of therapeutic programmes for victims, perpetrators (and children and young people) and figures have remained consistent in the number of people engaging with and completing the programmes. The perpetrator worker receives referrals for the 1:1 Respect programme with males currently engaging with the work. In addition support has also been offered to males on the Make the Change programme and links with probation are strong.

All referrals into the service are risk assessed; all referrals are also assessed in terms of potential safeguarding issues by trained practitioners within the service. Staff are required to complete a comprehensive induction where safeguarding policies and procedures are covered and learning is monitored through new employees completing the LSCB online e-learning training. Training & development is an agenda item on supervision and any gaps in training or learning are identified at this point. Supervision also identifies any safeguarding concerns so that a line manager can have oversight of such cases. All staff are required to complete any mandatory training including Prevent and Safeguarding training. Staff represent the organisation at MARAC (Multi Agency Risk Assessment Conference) on a monthly basis and in addition WISH represents the VCF sector on the Transforming lives panel and able to give feedback and information on cases on a weekly basis. WISH has recently recruited four volunteer counsellors to support clients accessing the services for both victims and perpetrators; this is due to the lengthy waiting times when referring to other services such as the Women's centre and Lancashire Mind.

In order to determine whether WISH are meeting the needs of service users the trustees hold annual focus groups that include service users from the refuge, service users attending the programmes and feedback from these groups is used to identify gaps in service provision and helps and assists to improve our service and practice. Evaluations and exit questionnaires are also completed to highlight the outcomes achieved by the interventions that are provided. Feedback from service users has been provided to the Victim's commissioner who has requested this feedback to inform victim's services nationally.

The services provided by WISH/BDWWA are flexible to meet the needs of the service users and have developed and delivered additional programmes, delivered smaller groups to meet the needs of service users and are developing new ways of working to meet the needs of clients. WISH has supported the LSAB by delivering training on domestic abuse and related subjects and also represents the VCF sector on a number of boards locally and regionally.

# 3 Work of Board Members

## Age UK

As reported last year Age UK continue to experience increases in the number of referrals to its services for people with significant and complex mental and physical health issues. In the year the organisation dealt with 32 safeguarding issues which is only slightly less than the previous year therefore this figure remains a constant, the largest majority of these are from the day centre providers and these are all responded to as per safeguarding procedures.

Safeguarding discussions/supervision is standard on a monthly basis and a new safeguarding recoding system was introduced this year. There is a 95% satisfaction rating from service users of Age UK services (safeguarding cannot be separated at this time) but this in itself indicates that intervention and support improves the quality of life of the adult and reduces the risk to their welfare.

The Chief Executive is an LSAB member and has been an active participant in the last year of the Pan Lancashire Financial Abuse Group.

## Nightsafe

Young people aged between 18 and 25 are the largest number supported by Nightsafe in the last year through their Platform 5 Day centre, and Cornfield Cliffe which is a supported housing initiative. There are significantly more males to females accessing the services and many of these have unmet health and social needs therefore Nightsafe will support them through referrals to appropriate health, mental health, substance misuse and housing support.

Through participation with the young people Nightsafe have developed a 'code of conduct' for young people to follow rather than 'rules' and work in partnership with a number of agencies across Blackburn with Darwen.

# 4 Appendix A: LSAB Budget & Resources

The Safeguarding Unit is funded by a range of agencies to deliver the functions of the boards across both the children and adult safeguarding agendas. Agreed contributions by partner agencies for 2017-18, including ad-hoc contributions were as follows:

Children's Services	£75,300
Adult Services	£50,000
NHS BwD Clinical Commissioning Group	£50,000
Schools, Colleges & Training Providers	£39,150
Lancashire Constabulary	£35,995
National Probation Service	£1,243
Community Rehabilitation Company	£1,900
CAFCASS	£550
Training Charges	£39,075
<b>Total</b>	<b>£263,213</b>

Contributions by most partner agencies for the 2018-19 year will remain similar. As well as the above financial contributions, many LSCB agencies provide their staff to deliver the multi-agency training programmes and agencies commit staff time to attend as members of the committees and contribute to the variety of assurance activities that take place.

The Safeguarding Unit's staffing and costs were approximately £270,366 in 2017-18. Below is a breakdown of the Safeguarding Unit's spending for the year:

Salaries	£195,466
Fees, Independent Facilitators, CDOP, TRI-X Site & Website, Training Costs, Office, Travel, Committee & Meeting costs	£74,900
<b>Total</b>	<b>£270,366</b>

The objectives of each of the groups that make up the Blackburn with Darwen (BwD) Local Safeguarding Children Board (LSCB) are provided below:

## LSAB

- Strategic oversight of the board's fulfilment of its statutory functions
- Strategic partnership reporting on their fulfilment of their safeguarding responsibilities – Health & Wellbeing Board, Children's Partnership Board, Community Safety Partnership, Youth Justice Service, Engage, Multi Agency Public Protection Arrangements (MAPPA), Domestic Violence partnerships, Age Well Partnership etc.
- Examination and scrutiny of key safeguarding and adult protection themes to identify how multi-agency arrangements can be improved and ensure the effectiveness of safeguarding arrangements and services

## Business Group

- Co-ordinate the business and set the agenda of the boards
- Co-ordinate and monitor the business of the committees
- Provide guidance and direction to the LSAB/LSCB business of the Safeguarding Unit
- Production of annual reports
- Strategic sign-off for serious case reviews (SCRs) and safeguarding adult reviews (SARs)

## Communication & Engagement Committee

- Multi-agency alignment of public safety messages, communication and engagement activities
- Raise the profile of the Board's activity on training and safety messages
- Communication to practitioners and public of strategic and operational planning messages
- Multi-agency practitioner awareness of lessons from reviews, training opportunities and practice change
- Multi-agency co-ordination of messages from participation and engagement of service users
- Direction on the maintenance and development of Board website and use of social media and technology for dissemination of safety messages

## Workforce Development Committee

- Monitor the effectiveness of single agency and multi-agency training provision
- Plan and provide LSCB/LSAB training courses (workshops, briefings and online learning) through the Training Needs Analysis
- Collate and report single agency and multi-agency training activity data

- Use training evaluations and impact assessments to revise and improve multi-agency training courses and recommend improvements to single agency training
- Development and implementation of a Learning & Development Strategy
- Assist in the development of online learning packages and monitor their effectiveness, impact and reach
- Inform and implement the Learning and Improvement Framework

## **Adults Quality Assurance Committee**

- Commission and analyse multi-agency safeguarding practice audits
- Monitor action plans from the learning and improvement framework
- Undertake multi-agency reviews
- Collate findings from case reviews and audits to inform the learning and improvement framework
- Collate findings from case reviews, audits and safeguarding workshops to inform the Learning & Improvement Framework

## **Pan-Lancashire & Cumbria Policies & Procedures Group**

- Develop and launch multi-agency policies and procedures on how different organisations will work together on safeguarding and promoting the welfare of children and young people
- Revise multi-agency policies and procedures informed by learning and improvement work findings, communication/participation findings, national guidance, research and best practice
- Develop policies and procedures across a wider footprint (sub-regional and regional) that ensures consistency for service users and service providers whilst retaining local determination of practice and management oversight.

## **Pan-Lancashire & Cumbria Chairs and Business Managers Group**

- Strategic direction on cross border/sub-regional work on safeguarding issues
- Sub-regional consultation on national safeguarding issues
- Commission sub-regional protocols, policies and procedures
- Share learning across the sub-region on Board leadership and governance issues



# 4 APPENDIX C: LSAB Priorities 2017/18 Update

Priority Area	Actions	Lead Committee/Partnership Group	Timescale
Assurance that adult abuse and neglect is responded to appropriately including key challenges	Embedding of the Adult Continuum of Need, Multi Agency Adult Policy & Procedures and MASH review across all service areas	Quality Assurance Committee	Completed
	Monitoring the implementation of recommendations from SARs and DHRs through the Learning & Improvement Framework	QA, WFD, Comms/Engagement, Pan Lancs Policies/Procedures,	
	Quality assurance and performance monitoring of how effectively abuse and neglect is responded to	Quality Assurance Committee	
	Review the effectiveness of the Adult Safeguarding Continuum	Quality Assurance Committee	
	Monitor the effectiveness of safeguarding arrangements across all sectors including domiciliary care settings/quality teams	Quality Assurance Committee	
Continue to improve how 'voice' influences safeguarding arrangements locally	Embed mechanisms for the voice of the adult to influence Board activities (strategic arrangements and evidence of outcomes being met)	Comms/Engagement Committee	Completed
	Partnership improvement to evidence how MSP principles are being implemented	Quality Assurance Committee	
	Seek assurances that adults' outcomes are obtained and responded to in all safeguarding cases	Quality Assurance Committee	
	Agencies to provide assurances that their service provision is in line with MSP principles	Quality Assurance Committee	
Supporting the development of consistent strategies on the prevention of all types of abuse and neglect	Engagement with the community, local and regional partners to agree the strategies and messages that improve the prevention of abuse and neglect	Comms/Engagement, WFD, Policies/Procedures, CSE/MFH Committees	Completed
	Delivery of the prevention strategy		
	Evaluate (what difference did it make) the safety communication material provided by the LSAB		

# 4 APPENDIX D: LSAB Strategic Business Plan, 2018/19

Priority Area	Actions	Lead Committee/Partnership Group	Timescale
Review and oversight of systems reforms	<ul style="list-style-type: none"> <li>Ensuring that LSAB development goes hand in hand with LSCB changes.</li> <li>Co-alignment of priorities across the systems e.g. NHS England, ADASS plan and other boards especially the integration agenda.</li> <li>Having assurance processes that are fit for purpose (e.g. standards, competencies and risk management)</li> </ul>	Board	September 2019
Improve systems for Making Safeguarding personal across all stakeholders	<ul style="list-style-type: none"> <li>Identify the needs of all stakeholders for hearing and learning from 'user voice'</li> <li>Influencing safeguarding priorities/arrangements</li> <li>Influence quality assurance and communication and engagement</li> </ul>	Quality Assurance Committee	June 2019
Prevention and the multi-agency safeguarding role	<ul style="list-style-type: none"> <li>Understanding of causes of crisis</li> <li>Focus on statutory abuse and neglect categories and role of LSAB</li> <li>Identification of the role partners have in prevention strategies - possible themes of financial abuse, neglect/self-neglect.</li> <li>Board commitment to multi agency training</li> </ul>	Quality Assurance, Training & Communications Committees	June 2019

**Blackburn with Darwen Safeguarding Unit**  
**4th Floor**  
**Duke Street**  
**Blackburn**  
**BB2 1DH**

Blackburn with Darwen



Safeguarding  
Adults



# Blackburn with Darwen Local Safeguarding Children Board (LSCB)

Annual Report (2017-18)  
Business Plan (2018-19)



Blackburn  
with Darwen





# Contents

Introduction by the Independent Chair	page 1
Governance and Accountability	page 2
Relationship of LSCB with other partnership boards	page 5
Budget & Resources	page 8
Attendance at LSCB Meetings	page 9
Blackburn with Darwen: the Place, the People and their Needs	page 10
Monitoring Activity of the LSCB	page 11
Serious Case Reviews (SCRs)	page 11
Multi-Agency Concise Reviews (MACRs)	page 11
Performance Monitoring & Quality Assurance	page 11
Child Death Overview Panel	page 13
Training Provision	page 14
Business Plan Priorities, 2016-17 – Progress	page 16
Priority Areas, 2018-19	page 17
Business Plan, 2018-19	page 18

# Introduction by the Independent Chair

I am pleased to welcome all readers to the Blackburn with Darwen Local Safeguarding Children Board (LSCB) Annual Report for the year 2017 - 2018.

In December, a full inspection of the LSCB judged the Board to be good and made the following statement:

“The Blackburn with Darwen LSCB is meeting its statutory responsibilities, with strong governance arrangements that support and promote high quality safeguarding services from partner agencies to children and their families. It is a proactive and responsive co-ordinating board with effective linkages to other strategic bodies”

This judgement by Ofsted, briefly summarised above, places BwD LSCB in the category of a minority of LSCBs judged to be good over the national programme of Ofsted inspections and is a reflection of the hard work and commitment of all the LSCB partners to ensuring that children’s safeguarding is a high priority and of the highest standard.

This report is a succinct summary of the continued progress of the LSCB, giving clear examples of the work of partners both collectively and individually. Case studies towards the end of the report help to bring to life what this all means in practice for the children and families in need of safeguarding and support.

As in previous years, maintaining a competent workforce through the delivery of a high quality training programme has remained a priority for the LSCB, with high numbers of attendances at training events a positive feedback, including demonstrable impact from training on practice.

Over the coming year the LSCB will face new challenges as we work towards implementing the Government’s change programme moving from LSCBs to Local Safeguarding Partnerships. The strength of our LSCB and commitment from our partners is such that I am certain we will rise to the new challenges.

I would like to take this opportunity to thank all partners for your continued hard work.



A handwritten signature in black ink that reads 'Nancy Palmer' in a cursive script.

Nancy Palmer

**Independent Chair, Blackburn with Darwen LSCB**

# Governance and Accountability

The objectives of each of the groups that make up the Blackburn with Darwen (BwD) Local Safeguarding Children Board (LSCB) are provided below:

## **LSCB (Chair: Independent Chair)**

- Strategic oversight of the board's fulfilment of its statutory functions
- Strategic Partnership reporting on their fulfilment of their safeguarding responsibilities – Health & Wellbeing Board, Children's Partnership Board, Community Safety Partnership, Youth Justice Service, Engage, Multi Agency Public Protection Arrangements (MAPPA), domestic abuse partnerships, Local Family Justice Board, etc.
- Examination and scrutiny of key safeguarding and child protection themes to identify how multi-agency arrangements can be improved and ensure the effectiveness of safeguarding arrangements and services

## **Business Group (Chair: Independent Chair)**

- Co-ordinate the business and set the agenda of the boards
- Co-ordinate and monitor the business of the committees
- Provide guidance and direction to the LSAB/LSCB business of the Safeguarding Unit
- Production of annual reports
- Strategic sign-off for serious case reviews (SCRs) and safeguarding adult reviews (SARs)

## **Communication & Engagement Committee (Chair: Training 2000)**

- Multi-agency alignment of public safety messages, communication and engagement activities
- Raise the profile of the boards' activities on training and safety messages
- Communication to practitioners and public of strategic and operational planning messages
- Multi-agency practitioner awareness of lessons from reviews, training opportunities and practice change
- Multi-agency co-ordination of messages from participation and engagement of service users
- Direction on the maintenance and development of board websites and use of social media and technology for dissemination of safety messages



# Governance and Accountability

## **Workforce Development Committee (Chair: Blackburn College)**

- Monitor the effectiveness of single agency and multi-agency training provision
- Plan and provide LSCB/LSAB training courses (workshops, briefings and online learning) through the Training Needs Analysis
- Collate and report single agency and multi-agency training activity data
- Use training evaluations and impact assessments to revise and improve multi-agency training courses and recommend improvements to single agency training
- Development and implementation of a Learning & Development Strategy
- Development of online learning packages and monitor their effectiveness, impact and reach
- Inform and implement the Learning and Improvement Framework

## **Serious Case Review (SCR) Consideration Panel (Chair: Safeguarding Unit)**

- Consider if cases meet the statutory threshold for undertaking a SCR
- Commission SCRs
- Recommend cases for multi-agency reviews or individual agency reviews where they do not meet the threshold for SCRs

## **Children's Quality Assurance Committee (Chair: LSCB Independent Chair)**

- Provide the LSCB with information and improvement recommendations about the quality, effectiveness and impact of inter-agency working in safeguarding and promoting the welfare of children
- Undertake and analyse Section 11 audits
- Collate findings from case reviews, audits and safeguarding workshops to inform the Learning & Improvement Framework
- Monitor action plans from the case reviews and audits through the Learning & Improvement Framework

## **Child Sexual Exploitation (CSE) & Missing From Home Committee (MFH) (Chair: LSCB Independent Chair)**

- Strategic oversight on the operational effectiveness to tackle CSE, MFH, county lines safeguarding, trafficking/modern slavery and respond to online safeguarding
- Provide strategic and operational direction to the work of the Engage Team
- Promote local and Pan-Lancashire co-operation on CSE, MFH, county lines safeguarding, trafficking/modern slavery and online safeguarding

In July 2018 this group was named the Vulnerable, Missing & Exploited Children Committee.

# Governance and Accountability

## **Pan-Lancashire Child Death Overview Process (CDOP) (Chair: Independent Chair)**

- Undertake reviews of all child deaths so that the LSCB better understands how and why children in the area have died; use the findings to prevent other deaths and improve the health and safety of children
- Identify from death reviews significant risk factors and trends in individual child deaths and in the overall patterns of deaths in the area
- Ensure all unexpected deaths of children receive a co-ordinated response from all relevant agencies

## **Pan-Lancashire & Cumbria Chairs & Business Managers Group (Chair: Pan-Lancashire LSCB Chairs)**

- Strategic direction on cross border/sub-regional work on safeguarding issues
- Sub-regional consultation on national safeguarding issues
- Commission sub-regional protocols, policies and procedures
- Share learning across the sub-region on board leadership and governance issues

## **Pan-Lancashire & Cumbria Policies & Procedures Group (Chair: LSCB Business Managers)**

- Develop and launch multi-agency policies and procedures on how different organisations will work together on safeguarding and promoting the welfare of children and young people
- Revise multi-agency policies and procedures informed by learning and improvement findings, communication/participation findings, national guidance, research and best practice
- Develop policies and procedures across a wider footprint (sub-regional and regional) that ensures consistency for service users and service providers whilst retaining local determination of practice and management oversight.

# Governance and Accountability

## Relationship of LSCB with other partnership boards

The LSCB, through the Independent Chair and officers within the Safeguarding Unit, attend and contribute to the working of a number of partnership meetings where children's safeguarding is a significant area of business. The key partnerships outlined in the national guidance Working Together to Safeguard Children are listed below with a brief description of bi-lateral reporting arrangements.

Health and Wellbeing Board & Children's Partnership Board – The Independent Chair of the LSCB attends the Health and Wellbeing Board to present the LSCB's Annual Report. The Director of Children's Services (DCS) and Executive Member for Children's Services are both members of the Health and Wellbeing Board. Officers from the Public Health team (who manage the business of the Health and Wellbeing Board), are members of the LSCB.

The Health & Wellbeing Strategy for the 2015-18 period outlines the following outcomes for the borough's residents (related to taking action to enable all children to have the best outcomes as expressed in the statutory definition of safeguarding):

- Increase the life expectancy of residents and narrow the life expectancy gaps within the borough and with the rest of England
- Pursue policies that will maximise the number of years spent in good health
- Improve children and young people's emotional health and wellbeing
- Shift investment from treatment and care to prevention
- Ensure the borough has healthy places to live, work and play.

The Children's Partnership Board (CPB) is a sub-group of the Health & Wellbeing Board that leads on the priority area of 'Start Well'. The Start Well area has four priority areas of action that are:

- Ensure an effective multi-agency early help offer provides the right help at the right time
- Support families through a consistent approach to parenting skills and support
- Improve children and young people's emotional health and wellbeing
- Embed routine enquiry about childhood adversity into everyday practice.

To ensure that work is effective at both the strategic and operational levels, the LSCB's officers maintain a number of links with the CPB and its priority areas. At the strategic level, the Independent Chair of the LSCB is a member of the CPB. The Head of Safeguarding, Community Protection & Specialist Services and the Safeguarding Development Managers (Children & Adults) are members of a number of groups that monitor the priority areas.

The DCS is the chair of the Children's Partnership Board who attends the LSCB and provides regular updates on progress in relation to the priorities. The LSCB is consulted regularly by the Public Health team in the planning of local services and the LSCB has contributed to the joint strategic needs analysis and the priority setting in the Health & Wellbeing Strategy (2015-18).

# Governance and Accountability

Community Safety Partnership (CSP) – The Head of Safeguarding, Community Protection & Specialist Services attends the Community Safety Partnership and the following links are made with groups within the partnership:

- The DCS chairs the Youth Justice Service (YJS) Management Board
- The Head of Safeguarding, Community Protection & Specialist Services chairs the Channel Panel (referral panel to identify preventative work for children and young people at risk of radicalisation)
- The Service Lead for the Youth Justice Service is a member of the Lancashire MAPPA Strategic Management Board
- The Head of Safeguarding, Community Protection & Specialist Services attends the Strategic Domestic Abuse Group and the Safeguarding Development Managers attend operational and task groups, advise on the domestic homicide review process and provide advice on the radicalisation agenda
- The CSP Service Lead attends the LSCB's committee on Child Sexual Exploitation (CSE), Missing from Home (MFH) and other sub-groups that collate intelligence on CSE victims, perpetrators and locations – the LSCB CSE/MFH Committee also monitors local arrangements on trafficking/modern slavery, county lines safeguarding and online safeguarding
- The CSP Service Lead also attends the LSCB & LSAB Quality Assurance Committees.





# Governance and Accountability

The CSP has continue to fund in 2017-18 a number of projects to train practitioners on safeguarding issues (radicalisation & madressah safeguarding training), raise awareness in the community (including for children) on a range of safeguarding issues (domestic abuse, modern slavery, criminal exploitation/county lines safeguarding, CSE, radicalisation) and funded operational activities to disrupt offenders and disrupt locations of abuse particularly around CSE.

Family Justice Board – CAFCASS (Children and Family Court Advisory and Support Service), the Local Authority's Legal Services and Children's Services are all members of the Local Family Justice Board (LFJB). Board members from CAFCASS and Legal Services report annually to the board on the progress made by the LFJB with the implementation of the reforms. The updates provide an overview of the local and regional co-operation between the services, the oversight by the Judiciary in improving services and improving the timeliness of services for children and families subject to proceedings in both public and private law processes.

Regional and Pan-Lancashire Groups – The Safeguarding Unit officers maintain a close link with regional (North West England) and sub-regional (Pan-Lancashire and where applicable with Cumbria) groups to co-operate on joint initiatives and the sharing of knowledge/good practice. These groups allow the board to be involved in, and on occasions lead on, changes to regional safeguarding arrangements.

LSCB Independent Chair and Chief Officers – The LSCB Chair meets with the Leader of the Council, Director of Children's Services (DCS) and Executive Lead Member. The LSCB Chair also meets with the Chief Executive of the Local Authority and with the DCS. From April 2017, the LSCB Chair has been appointed as the Local Safeguarding Adult Board (LSAB) Chair.

Annually the LSCB & LSAB Chair with the Chief Executive of the Local Authority host a meeting with chief executives of all the statutory partners of the board. This meeting allows the chief executives to discuss local and national safeguarding developments to identify key risk/improvement areas requiring chief officer oversight and individual/collective commitment to the agenda.

Prevent Governance – The Head of Safeguarding, Community Protection & Specialist Services chairs the Lancashire Channel Panel. The Head of Safeguarding, Community Protection & Specialist Services attends the Prevent Delivery Group and the Contest Board reporting regularly to the LSCB.

Multi-Agency Public Protection Arrangement (MAPPA) – The Service Lead for the Youth Justice Service represents Blackburn with Darwen at the MAPPA Strategic Management Board. The Police and National Probation Service report annually on the effectiveness of MAPPA arrangements.

Relationship of the LSCB with Political Structures - The Executive Member for Children's Services attends the LSCB (as a 'participating observer') and the DCS reports through the Local Authority's accountability structure to the Leader of the Council, Opposition Lead Member, Executive Team and Council Committees (including scrutiny committee and corporate parenting groups). The LSCB Independent Chair attends Council Committees where required to present this report.

# Budget & Resources

The Safeguarding Unit is funded by a range of agencies to deliver the functions of the boards across both the children and adult safeguarding agendas. Agreed contributions by partner agencies for 2017-18, including ad-hoc contributions were as follows:

Children's Services & Education	£75,300
Adult Services	£50,000
NHS BwD Clinical Commissioning Group	£50,000
Schools, Colleges & Training Providers	£39,150
Lancashire Constabulary	£35,995
National Probation Service	£1,243
Community Rehabilitation Company	£1,900
CAFCASS	£550
Training Charges	£9,075
<b>Total</b>	<b>£263,213</b>

Contributions by most partner agencies for the 2018-19 year will remain similar. As well as the above financial contributions, many LSCB agencies provide their staff to deliver the multi-agency training programmes and agencies commit staff time to attend as members of the committees and contribute to the variety of assurance activities that take place.

The Safeguarding Unit's staffing and costs were approximately £270,366 in 2017-18. Below is a breakdown of the Safeguarding Unit's spending for the year:

Salaries	£195,466
Fees: Independent Facilitators, CDOP, TRI-X Site & Website, Training Costs, Office, Travel, Committee & Meeting cost	£74,900
<b>Total</b>	<b>£270,366</b>

# Attendance at Board Meetings

The acceptable minimum attendance rate at board and committee meetings remains at 75%. The Independent Chair and Committee Chairs challenge throughout the year attendance likely to fall below the acceptable rate by any agency.

Agency	Board	CSE/MFH	Quality Assurance	Workforce Development	Communication & Engagement
Children's Services & Education, BwDBC	100%	100%	100%	75%	100%
Lancashire Constabulary	100%	75%	75%	N/A	N/A
BwD NHS Clinical Commissioning Group	80%	75%	75%	N/A	N/A
Adult Services, BwDBC	100%	N/A	N/A	75%	75%
Public Health, BwDBC	80%	100%	50%	N/A	N/A
NHS England	40%	N/A	N/A	N/A	N/A
Lancashire Care NHS Foundation Trust	100%	100%	100%	75%	100%
East Lancashire Hospitals NHS Trust	100%	100%	75%	25%	N/A
Change, Grow Live (Substance Misuse Service Provider)	100%	100%	100%	N/A	N/A
National Probation Service	80%	N/A	25%	50%	N/A
Community Rehabilitation Company	80%	N/A	100%	N/A	N/A
Youth Justice Service, BwDBC	80%	100%	N/A	N/A	N/A
CAFCASS	100%	N/A	N/A	N/A	N/A
BwD Voluntary Community Faith (VCF) Sector	100%	100%	75%	100%	75%
Lay Members	100%	N/A	N/A	N/A	N/A
Schools/Education	100%	25%	75%	50%	75%
Blackburn College	75%	N/A	N/A	100%	N/A
Training 2000	80%	N/A	N/A	N/A	100%
<b>Average Attendance for the Group</b>	<b>89%</b>	<b>88%</b>	<b>77%</b>	<b>57%</b>	<b>54%</b>



# Blackburn with Darwen:

## the place, the people and their needs



The Integrated Strategic Needs Assessment (ISNA) by the Public Health and Policy teams of the local authority has produced the summary assessment below of the borough to identify priorities to improve the outcomes for children and young people in the borough.

The 2011 Census revealed that the borough had approximately 57,453 households and 147,489 residents, which was an increase on previous estimates. Blackburn with Darwen continues to have a younger than average age profile, with 28.8% of its population aged under 20, which is the fourth highest proportion in England. Based on the proportion of under-15

year-olds, Eurostat has identified it as one of the youngest towns in Europe. The borough's population is diverse, with 13.4% of residents having Indian heritage and 12.1% Pakistani. These are respectively the 11th highest and 6th highest proportions of any local authority in England.

Deprivation scores continue to be based on the 2010 Index of Multiple Deprivation, which ranks Blackburn with Darwen as the 17th most deprived borough in England. The borough has eight of its 91 Lower Super Output Areas (LSOAs) falling within the most deprived 1% nationally, and 31 falling within the most deprived 10%. The generally high levels of deprivation have consequences for the borough as a whole, and the contrast between neighbourhoods also leads to significant internal health and social care inequalities. Research also identifies that in the borough, 12% of the adult population are impacted by four or more adverse childhood experiences (from a list of ten experiences that range from parental separation, parental substance misuse, parental criminal involvement or domestic, physical, sexual or emotional abuse) compared to 9% nationally. 47% of the borough's population had not experienced any adverse childhood experiences compared to 52% nationally.

Across a range of indicators (poverty, families with multiple problems, children involved in risk taking behaviours, child/infant mortality, emotional health, sexual health, oral health, road traffic accidents, violent and sexual crimes) there remain challenges for the borough to ensure children receive the best start and foundation for their adult lives.

Key partners in Blackburn with Darwen across the public sector and the voluntary sector have been implementing an approach to integrated service delivery based on a localities model. The aim is for the partner agencies to work in each of the four localities to manage the particular demands of those communities so that services are targeted at the prevention or early help end of need rather than rely on high-cost protection services. Through the Health and Wellbeing Board three strands of work in particular are contributing to this delivery model:

- Prevention & Early Help
- Transforming Lives
- Integrated Health and Social Care.

# Monitoring Activity of the LSCB

## Serious Case Reviews (SCRs)

There were two SCR referrals received by the LSCB in 2017-18 from partner agencies; both incidents were also reported by the local authority through the national Serious Incident Notification process. One case was considered not to be appropriate for a SCR and the national panel of SCR experts agreed with the decision. For the second case a SCR was commissioned that will be completed in 2018-19.

During 2017-18 two SCRs have been completed that were initiated in 2016-17 and both have been published. The majority of the learning has been implemented and is being monitored by the Quality Assurance Committee.

## Multi-Agency Concise Reviews (MACRs)

In 2017-18 there was one referral submitted to the LSCB to consider undertaking a MACR. The Quality Assurance Committee reviewed the learning from the case and determined that existing planned improvements in services were already addressing the issues in the case.

## Performance Monitoring & Quality Assurance

The LSCB's Quality Assurance and Performance Monitoring (QA/PM) Declaration is used to collate performance information and quality assurance information from individual agencies. The declaration seeks data on the volume of safeguarding activity that takes place within agencies and seeks analysis on what that information means (the impact safeguarding activity has made to children's outcomes, the impact activity has made in improving the quality of practice and improving the safety of the local multi-agency safeguarding system). A brief summary of the key highlights from the returns is provided below.

**Demand to safeguard children** – Across a range of statutory and voluntary sector agencies the number of children identified in 2017-18 requiring safeguarding and protection has remained broadly similar to 2016-17. The exception to this has been the police where following external inspection activities, improvements have been made in training and processes resulting in higher number of cases being referred to child protection and early help services. Across all agencies, improvements to identify abuse and neglect in cases and complete assessments that gather information across children's developmental milestones has meant that early help cases have increased by nearly a third since 2016-17 and the number of children becoming looked after has increased marginally by 3% since 2016-17. Cases where children are provided services at Child in Need and are subject to child protection plans have fallen since 2016-17, but remain higher by nearly a fifth compared to other similar local areas in the country. As all agencies' have improved training and processes during the year, the cases that are being identified, where child protection processes are required, are then more complex – in 2017-18, over two-fifths of cases referred to Children's Services required an assessment using Section 47 powers of the Children Act (1989) compared to less than a third of referrals in 2016-17. The levels of complexity then adds demand to all parts of the local safeguarding system to ensure information is shared, services are offered, plans to address unmet need and reduce risk are devised, agreed and reviewed.

**Resources** – individual agency resources to address the level of demand and complexity within the system have not increased for all agencies. The national austerity measures continue to impact all agencies resulting in agencies identifying smarter ways of multi-agency working, like the multi-agency teams, rather than opportunities to invest in staffing other resources. Across agencies there is evidence that improvement in training compliance

# Monitoring Activity of the LSCB

has been a key feature of priority action during the year along with ensuring that agencies effectively support their staff (management oversight) through safeguarding processes. So whilst agencies may not have the additional resources to increase staff numbers, there is investment being made and processes introduced to improve the competencies, productivity and capabilities of their workforce.

**Quality Assurance** – agencies particularly in the statutory sector have during the 2017-18 period improved and consolidated their systems to regularly review cases so that there is internal and multi-agency assurance about the quality of child safeguarding practice. External inspection for some agencies like Children's Services and Lancashire Care Foundation Trust have validated their quality assurance processes, whereas for some agencies, like the police, further improvement to strengthen systems has been recommended. From the work of the Quality Assurance Committee and findings from serious case reviews, the LSCB continues to identify early local intelligence to help support all agencies to improve practice and safeguarding systems.

**Outcomes for Children** – below are a number of case examples of how multi-agency work has helped to protect children and contributed to promoting their welfare.

## **Domestic Abuse**

A victim of domestic abuse with five children was accommodated in a domestic abuse refuge from another local authority. The initial risk assessment identified that the victim had been with her partner (not the father of the children) for eight months in which he had physically abused her resulting in significant injuries, being strangled and a knife being thrown at her. The victim had been referred to Multi-Agency Risk Assessment Conference (MARAC) on three occasions due to the high risks. The home local authority had applied for an interim care order for the children due to the victim's substance misuse as a coping strategy, lack of prioritising the children's needs and poor engagement with services. A condition of the care order was to reside in a refuge. The refuge provider worked with children's services, children's schools and nursery (including SEND and speech/language services), health services (primary care and community services) and voluntary sector services (emotional health, substance misuse services and parenting course) to address the whole family's unmet needs. The victim and children have accessed nine different services/courses offered by refuge provider to understand the abuse they have suffered, promote future resilience/safety, secure housing and increase their social inclusion. The victim has applied for a non-molestation order to increase the family's safety; the children's cases have stepped down from care orders to a child protection plan and they now are receiving multi-agency services at child in need.

## **Support for a single father**

Children's Services referred a single father to the service following the father securing a residency order for his six month old child. The child was subject to a child protection plan with concerns about domestic abuse, mental health, poor housing and lack of routine access to universal health services. The Early Years' service provided support within the father's home (basic care and child development advice), in the Children's Centre (accessing local groups to widen father's knowledge of caring for a child and reducing his social isolation) and making referrals to services recommended by the child's social worker (parenting course and domestic abuse/healthy relationship courses). Father reports that he is now a more confident parent and feels more able to seek help and is knowledgeable about what services provide.

# Monitoring Activity of the LSCB

## **Young person being trafficked**

A young person known to the Engage Team attended an out of borough emergency department where the medical staff suspected that the explanation provided about the injuries she presented with, were not plausible. The hospital staff contacted the out of hours social work team who in turn contacted the Engage Team to alert them of the hospital notification. The information was shared across the partner agencies in the Engage Team and the specialist nurse was tasked with gathering intelligence from the hospital emergency department and other health agencies about the child. The information gathered from the hospital allowed the police and social worker to visit the child's address and arrest her carers who had been trafficking the child for sex. The child was immediately safeguarded and removed from the home.

## **Female genital mutilation (FGM)**

The Home Office referred a case to the Multi-Agency Safeguarding Hub (MASH) Team following a disclosure in an asylum application by a mother that her daughter had been sexually abused by her father. The family had already lived in a previous local authority area and the community health records were accessed from that area as part of the screening of the referral. The review of the community health records identified that mother had reported abuse through Female Genital Mutilation (FGM) when she was a child and that her husband had requested that their daughter is subject to the same abuse. The specialist nurse, school nurse, police, social care and local authority solicitors worked together to apply for a FGM Protection Order and the community health provider worked across their teams to ensure the health needs of the children in the family were fully addressed.

## **Unborn at risk from domestic abuse**

The police had referred a domestic abuse incident involving a pregnant lady to Children's Services. To screen the referral, the specialist nurse liaised with midwifery services and the GP to gather information. The information gathered from the hospital identified further domestic abuse risks regarding controlling behaviours, that the lady and her perpetrator shared a phone (meaning the lady could not be contacted separately) and GP information identified that the GP was unaware the lady was pregnant. The GP was able to flag the lady's records so that all staff in the practice became aware of the lady's vulnerability and risks to the unborn child. The GP was provided with advice and information on the services that were being recommended for the lady for future monitoring and information sharing. At the next antenatal hospital appointment, a joint visit with the hospital domestic abuse advisor, social worker and midwife took place where advice was provided resulting in the lady and her unborn being safeguarded and additional health services provided to improve the lady's wellbeing.

## Child Death Overview Panel

There were 14 child death notifications for the borough in the 2017-18 year. The Child Death Overview Panel (CDOP) reviewed 23 deaths for Blackburn with Darwen in 2017-18. Pan-Lancashire data and analysis can be found in the Pan-Lancashire CDOP report at:

[www.lancshiresafeguarding.org.uk/child-death-overview-panel/publications.aspx](http://www.lancshiresafeguarding.org.uk/child-death-overview-panel/publications.aspx)

# Training Provision

The joint LSCB and LSAB Learning and Development Programme sets out a variety of methods of delivering training courses with the aim to suit different styles of learning and in recognition that time away from the workplace is increasingly difficult. The range of learning opportunities includes half day and full day face to face courses, two hour briefing sessions, conference style events, online courses and workbooks.

## Face to Face Training

In the table below, data on the range of face to face courses (including joint courses with the LSAB), briefings and conference style events (commissioned by the LSCB) is provided.

	Places offered	Attended	Did Not Attend
Safeguarding Children Roles & Responsibilities	151	129	9
Case Conference Processes	75	58	3
Neglect	75	66	4
Safeguarding for Drivers (taxis, buses, contractors)	163	163	0
Domestic Awareness & Impact	25	16	0
Dealing with Disclosures and Risk Assessments in Domestic Abuse	75	57	5
Domestic Abuse and Impact on Children and Adults	50	30	3
Honour Based Abuse/Forced Marriage/Female Genital Mutilation	75	60	5
Child Sexual Exploitation	50	39	3
Boys & Child Sexual Exploitation	75	57	4
Sexual Behaviours: Traffic Light Tool	75	59	4
Sexually Harmful Behaviours	25	24	4
Hidden Harm	65	57	3
Mental Health Issues in Safeguarding Children and Adults	75	54	11
Managing Allegations of Professional Abuse	50	41	5
Safer Recruitment	25	20	1
<b>Totals</b>	<b>1129</b>	<b>930</b>	<b>64</b>

Across all courses covering safeguarding children there was a 97% attendance rate in 2017-18 which was slightly better than last year (95%). There was 88% take-up rate for the training spaces in 2017-18, down slightly from 91% the year before.

The Community Safety Partnership, Public Health Team, Clinical Commissioning Group, NHS England, Police & Crime Commissioner and the police commission a variety of services and providers of these services are contracted to also provide training and briefing sessions for a range of safeguarding issues covering self-harm, suicidal ideation, substance misuse, adverse childhood experiences, genetic counselling, maternal health and



# Training Provision

wellbeing, radicalisation, modern slavery, CSE, children in public care, victim support services etc.

For larger organisations in the health, criminal justice and family law sectors, extensive higher level in-house safeguarding training and continuing professional development (CPD) events are provided that is most commonly accessed and to which the LSCB provides input.

All training is impact assessed and this is reported through the Workforce Development Committee. The Workforce Development Impact Assessment Report highlights the following findings:

- Qualitative feedback from practitioners identifies that following training their confidence and knowledge about safeguarding increased and led to dissemination of their learning within teams, changes in team processes, changes to multi-agency working and confidence when working with families. Just over three-quarters of a sample of practitioners contacted about the impact of training reported it had increased their confidence. Where practitioner's confidence or knowledge did not increase after attending training, this was attributed mainly to attending the course as refresher training.
- The most common mentioned policy from practitioners was the Risk Sensible Framework and how the tools from this policy are being used to improve home visits, identification of unmet needs and risk and supporting referrals to other services.
- A sample of managers were also contacted on the impact the training had for their team members – over four-fifths reported their staff member's knowledge had increased and over three-quarters reported competences had increased after attending training. Managers regularly cited examples of knowledge in multi-agency processes increasing after their staff had attended training. All managers responding to the impact survey reported they would recommend attending LSCB training to other team members.

The following feedback from a voluntary sector provider describes the benefit they derive from the LSCB's training packages:

*[Provider' Name] staff and volunteers utilise the fantastic training opportunities available from the LSCB, both physical courses and online e-learning. The e-learning in particular is extremely useful to our team as they can be accessed at a time that suits the learner and worked through at their own pace. The real life case studies and additional reading attached to the modules makes the training relatable and comprehensive. It is user friendly and uses easy to understand terminology which is helpful for our international volunteers who sometimes struggle with our Lancashire accent!*

# Business Plan Priorities, 2017-18 – Progress

Priority Area	Actions	Timescale	Progress
Seek assurances that abuse and neglect is responded to appropriately including key challenges (challenges from current demand issues and new/ emerging themes in safeguarding)	<ul style="list-style-type: none"> <li>Embedding the ARK (Assertive Practice, Reflective Practice &amp; Knowledgeable Practitioners) framework across the MASH, Continuum of Need &amp; Policies/Procedures</li> <li>Monitoring the implementation of recommendations from SCRs and learning in the BwD Learning &amp; improvement Framework</li> <li>Quality assurance and performance monitoring of how effectively abuse and neglect is responded to</li> </ul>	<p>December 2017</p> <p>March 2018</p> <p>June 2018</p>	<p>Completed and embedded in protocols, training and QA/PM analysis</p> <p>Completed in October 2017 &amp; April 2018 – most actions are complete and ongoing actions being monitored</p> <p>Ongoing in analytical work of the LCSB.</p>
Support the development of consistent strategies on the prevention of all types of abuse and neglect	<ul style="list-style-type: none"> <li>Engagement with the community, and local and regional partners to agree the strategies and messages that improve the prevention of abuse and neglect</li> <li>Delivery of the prevention strategy</li> </ul>	March 2018	Ongoing contribution by LSCB and its partners into the Early Help and Adolescent Strategies and their consultation processes.
Continue to improve how 'voice' influences safeguarding arrangements locally	<ul style="list-style-type: none"> <li>Embed mechanisms for the voice of the child to influence board activities (strategic arrangements and evidence of outcomes being met)</li> </ul>	June 2018	Over 20 teams/services across the LA & commissioned services are IIC accredited. The Communications & Engagement Committee's work is supported by the Participation Steering Group & Healthwatch in ensuring child and parent voices influence strategic thinking and decision making.
Implementation of the provisions in the Children & Social Work Act to reform local safeguarding arrangements	<ul style="list-style-type: none"> <li>Contribute to the national consultation on the statutory instruments and statutory guidance</li> <li>Develop with local and regional partners and the public a response to the new requirements</li> </ul>	<p>January 2018</p> <p>August 2018</p>	<p>Completed consultation by the LSCB and individually by partners (LCFT, Police etc.)</p> <p>Two option papers already completed by BwD LSCB – awaiting the final guidance to enable decision making and wider consultation.</p>



# Priority Areas, 2018-19

## **Priority setting for the LSCB draws upon a variety of sources:**

- Outstanding actions from previous year priorities
- Issues emerging from the analysis of LSCB monitoring activities
- Emerging national and local safeguarding issues
- The views and wishes of practitioners, LSCB committee members, board members
- The views and wishes of children and parents.

## **From the sources above and discussion at the board, the members have agreed the following priorities for the 2018-19 year:**

- LSCB reforms towards safeguarding partnership
- Ensuring an effective preventative service offer for families with unmet need/underlying risk factors
- Assisting all partners towards a 'good' grade for section 11 standards
- Improving the arrangements for safeguarding meetings across the continuum
- Improve across agencies the outcome measures for children & young people.

Business planning for these priority areas is summarised in the next section.

# Business Plan Priorities, 2018-19

Priority Area	Actions	Lead Committee/Partnership Group	Timescale
LSCB reforms towards safeguarding partnership	<ul style="list-style-type: none"> <li>Implement the reform from LSCB to Safeguarding Partnerships to ensure all new statutory functions are fulfilled</li> </ul>	Board	September 2019
Ensuring an effective preventative service offer for families with unmet need/underlying risk factors	<ul style="list-style-type: none"> <li>Embed mechanisms for the voice of the child to influence board activities (strategic arrangements and evidence of outcomes being met)</li> </ul>	Communications & Engagement Committee	June 2018
Ensuring an effective preventative service offer for families with unmet need/underlying risk factors	<ul style="list-style-type: none"> <li>Ensure quality assurance activities monitor how agencies address prevention, resilience (ACEs) and addressing unmet need/Underlying Risk Factors (URFs) – to recommend to agencies where improvements are required.</li> </ul>	Quality Assurance	June 2019
Assisting all partners towards a 'good' grade for section 11 standards	<ul style="list-style-type: none"> <li>Quality assurance monitoring focused on ensuring section 11 standards are consistently met to a good grade.</li> <li>Improve across agencies the outcome measures for children &amp; young people</li> </ul>	Quality Assurance	June 2019
Improving the arrangements for safeguarding meetings across the continuum	<ul style="list-style-type: none"> <li>Improve processes and systems for all safeguarding meetings to ensure meetings effectively monitor a child's care or protection plan</li> </ul>	Quality Assurance, Training & Communications Committees	March 2019