Item 2

MASH
Warwickshire
Multi Agency
Safeguarding Hub

People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently.

Report for Health & Wellbeing Board

27th June 2016

Health Economy Contribution to the MASH

Summary:

This paper provides a summary of the current position regarding the health contribution towards the Warwickshire MASH.

Recommendation:

Members of the Health & Wellbeing Board are asked to:

i. Consider the issues raised and request Chief Officer's across CCG's, Public Health and Providers work together to establish an urgent solution to ensure health representation within the MASH.

1. Background

1.1 Warwickshire's Multi-agency Safeguarding Hub (MASH) provides a single front door for the assessment and initial planning of safeguarding services for Warwickshire's residents. The assessment of such a referral requires lateral checking between agencies to ensure a full picture of the person's needs are understood in order to develop the most effective of plans to reduce risk. Many referrals to the MASH for safeguarding will result in the provision of an early help provision as the threshold for safeguarding purposes is not met.

1.2 The Multi-Agency Safeguarding Hub (MASH) has been a multi-agency project in development over the last two years. Health, Police and County Council are the three key partners within the project as each have a statutory responsibility to share the information it holds on children, young people and adults known to the service in order to safeguard them. An initial scoping paper was completed in June 2014 and from April 2015 a multi-agency strategic group

including members from public health and CCG's have met monthly to establish and review progress of the MASH. In addition, seven additional work streams were established and were well represented by safeguarding leads for children and adults from across health providers.

1.3 In May 2015 Lesley Tregear was appointed as MASH Implementation Manager by the Strategic Board who remained in post until March 2016; when John Coleman, MASH Service Manager was appointed. Both have worked with representatives from across the health economy to seek agreement regarding the contribution from health but unfortunately no solution has been reached to date.

1.4 In September 2015, the MASH Strategic Board noted that meetings had been held with Chief Officers in CCG's and Providers by Lesley Tregear and John Linnane to formalise engagement. Shortly afterwards it was noted that Rebecca Bartholomew, Director of Quality, Safety and Personalised Care from North Warwickshire CCG would represent all three CCG's at the Strategic Board. Dr John Linnane was already attending as Director of Public Health.

1.5 Initially in November 2016 the project established that the MASH model required six nurses and one senior nurse. However, in March 2016 it was agreed by John Coleman, Service Manager that one health decision maker for the children's pathway, a health decision maker from mental health services for the adults pathway and one business support officer to support in the gathering of information would be sufficient.

2. Action taken to reach a solution

2.1 In April 2016, the CCG's requested that providers establish a solution in order for there to be MASH representation in the MASH and a further meeting was held in May 2016. However, these have not produced a solution. Providers commissioned by Public Health have offered to provide virtual arrangements to the MASH. These have been established in the interim until there is an agreement across the health community on funding.

2.2 On 5th May 2016. Warwickshire Safeguarding Children's Board raised serious concerns and felt the situation as most unsatisfactory that no solution had been received. In addition John Dixon on the same date had already written on behalf of the MASH Strategic Board to Chief Officers across health requesting a solution is found.

2.3 A number of meetings have been undertaken with representatives from health including commissioners and providers. Within the CCG's several meetings have been held with one another and providers. Presentations have been undertaken and information provided outlining the benefits for health specifically and a draft role and responsibilities for health representation has been produced.

2.4 Recently CCG's have also requested funding from NHS England but this was not successful.

3. Benefits and Risk Analysis

3.1 There are some very clear benefits of the MASH to improve outcomes for children and adults who require safeguarding intervention. These include:

- Professionals and agencies being co-located,
- Sharing information and triangulation of information
- Consistency in threshold
- Co-ordinated and integrated intervention
- Closes the feedback loop
- Prevention of duplication
- Identify emerging problems. Allows early help to be provided before issues escalate.
- Stops failure demand across all organisation (Featherstone et al 2014)
- Develops a wider approach to risk harm and needs. (Wardell 2015)
- Improvement in intelligence leads to a reduction in repeat referrals and a better understanding of histories and patterns of behaviour. (Home Office 2014)
- Address identification of best practice (Munro 2012).

3.2 In addition, for the health economy one of the key factors is the improvement in communicating information. This has been identified as one of the most prominent factors for health professionals from research completed in other multi-agency safeguarding hubs. This is important as there is a relatively small number of referrals made to safeguarding services from some areas of health such as GP's. This is an issue across the UK, not just in Warwickshire. However, the research identifies that health professionals are more likely to share information with other health colleagues, rather than none health professionals. In other multi-agency safeguarding hubs; research has indicated increased referrals from health professionals and more timely information sharing when there is representation from health within the safeguarding hub.

4. Summary and Recommendation

4.1 The vison of the MASH is: 'People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently.' It is vital that the MASH have a contribution from the health economy to fulfil this vision. It is clear that representatives from health are committed to the MASH and want a solution to be obtained but to date a solution has not been achieved. Without a representative in the MASH who is able to contribute information and be involved in the decision making process; its future success and realising the full benefits will always be limited if this is not achieved.

4.2 Members of the Health & Wellbeing Board are asked to consider the issues raised within this report and request Chief Officers across CCG's Public Health and Providers work together to establish an urgent solution to ensure health representation is provided within the MASH.

John Coleman, MASH Service Manager, 27th June 2016