



Derby City Council

INSPIRING YOUNG PEOPLE BOARD November 2016

Report of the Strategic Director of People
Services

ITEM 6

Progress of the Multi-Agency Safeguarding Hub

SUMMARY

- 1.1 The new MASH arrangement became operational for children in mid-June, 2016, three months ahead of schedule. It is based on the ground floor of the Council House.
- 1.2 There were a number of anticipated outcomes from the arrangement which fundamentally was to strengthen the quality of front line practice in social care and the police when undertaking child protection investigations and to improve information sharing and communication channels between the police, health and children's social care.
- 1.3 Health joined the MASH on a part time basis shortly afterwards and the adults safeguarding team joined the MASH in September, 2016.
- 1.4 A multi-agency quality assurance check of the arrangements for children was carried out in October, 2016 and the findings were very positive.

RECOMMENDATION

- 2.1 To receive the report and note the updated position regarding the joint adults and children's multi-agency safeguarding hub (MASH).
- 2.2 To note the headline findings from the multi-agency quality assurance session in the MASH

REASONS FOR RECOMMENDATION

- 3.1 The MASH was set up to improve communication and response time to allegations of significant harm to vulnerable children and adults.

SUPPORTING INFORMATION

- 4.1 The new MASH arrangement became operational for children in mid-June, 2016, three months ahead schedule. The team originally consisted of the police and children's social care but was later joined on a part – time basis by safeguarding nurses from health. Before the arrival of health colleagues, strategy discussions still occurred with health over the telephone but discussions with the police occurred directly as they were co-located with children's social care worker's in a secluded area on the ground floor of the Council House. Adult social care joined the hub in September, 2016 and Derby Royal placed one of their senior safeguarding nurses into the hub shortly afterwards in October, 2016.
- 4.2 The MASH responds to all new Section 47 investigations (child abuse allegations) on children coming into either the police or children's services where there is no allocated worker. It also considers domestic abuse notifications from the police in a triage arrangement (health, social care and education). High and medium risk referrals are considered on the same day and all high risk notifications are dealt with under S47 of the Children Act in the first instance. The MASH also responds to all adult safeguarding referrals.
- 4.3 The team has expanded and now consists of the following personnel
- 2 x Detective Sergeants, Derbyshire Constabulary
 - 2 x public protection co-ordinators, Derbyshire Constabulary
 - 9 x public protection administrators, Derbyshire Constabulary
 - 1 x team manager, children's services
 - 2/ 3 x children's social workers – rotating from reception teams
 - 1 x children's casework support officer
 - Part-time, rotating safeguarding nurse, Derbyshire Health Care Foundation Trust
 - Full time senior nurse, Derby Royal Safeguarding team
 - 1 x Team Manager, Adult social care
 - 4 x adult social workers

There are plans for the Fire Brigade to send a representative for one day a week.

- 4.4 A multi-agency project board of senior managers meets regularly to iron out any operational and strategic difficulties and to consider performance issues. The board developed the business operating model for the arrangements from both a children's and adults' perspective. Whilst this is essentially around sharing information in relation to safeguarding children and adults, the function, purpose and tasks within the model are different for children and adults. Most difficulties have been about IT equipment. However, these are mostly resolved with health and police having their own lines into the Council House.
- 4.5 There is a very positive culture of openness and collaborative working underpinning the strategic and operational development and delivery of the MASH, with a focus on staff (and associated systems and processes) being integrated and not simply co-located.
- 4.6 Although information sharing agreements are already in place for all partners through Derby Safeguarding Children's Board and Derby Safeguarding Adults Board, a MASH specific document has been produced for children which is about to be considered by the DSCB Policy and Procedures group along with the business operating models. These will then be considered by governance boards in health.
- 4.7 A Performance framework for children has been developed which is based on Working Together, 2015. A copy is attached for information.
- 4.8 The anticipated outcomes from the arrangement were:
- That risk is jointly assessed more quickly.
 - That information sharing is improved.
 - That there are improved communication channels between Police, health and Local Authority People's Services.
 - That adults, children and families receive the right response at the right time following domestic abuse incidents.
 - That arrangements for child and adult protection investigations are strengthened.

A recent quality assurance visit to the children's MASH has confirmed that these outcomes have been met.

- 4.9 On 14th October, 2016 a multi-agency quality assurance visit to the MASH was carried out to check whether the anticipated outcomes had been met for children's services. Representatives from the police, children's services and health formed the quality assurance team. The visit included:-
- a focus group of the staff in the MASH.
 - file audits to check compliance with the quality assurance framework.
 - observation of a social worker conducting a section 47 investigation.
 - observation of a strategy discussion meeting
 - consideration of 6 strategy meeting minutes identified by the team manager as evidencing good practice
- 4.10 The headline findings of the team is that the children's MASH is making a positive impact on children's outcomes as a result of timely and effective information sharing between children's social care, health and the police, leading to strategy meetings taking place on the same day as the referral where required (unless this is very late in the day in which case plans are made to ensure the child is safe and the strategy meeting takes place the next working day) and a clear safeguarding plan is put into place and is recorded directly on the strategy discussion template.
- 4.11 Social workers are now directly involved in strategy meetings which means they can gather information, ask questions, clarify what can be shared with parents, and contribute towards the safeguarding plan. This is much more effective than team managers coordinating strategy discussions by telephone with health and the police.
- 4.12 A social worker is based full time in the MASH focusing on assessing and responding to domestic violence referrals from the Police. There are still high numbers of referrals although the previous backlog has now been cleared. There are two meetings each week with Health and the Police to 'MASH' the DV referrals although high risk are dealt with immediately as S47 enquiries. It has not been possible for daily DV triage meetings to take place because Health are not located in the MASH on a full time basis. However, the co-location of the Police and Children's Social Care has led to more efficient information sharing, research by the police and efficient use of time when the triage meetings take place.
- 4.13 Health professionals are not physically located in the MASH all the time and when present do not have access to all the different health information systems. Capacity has improved and this does not impact on Health engaging in strategy meetings. There is currently an advert running for additional capacity although this is only temporary until the end of March 2017.
- 4.14 In the event that the MASH manager assesses that the threshold is not met for S47 then this is dealt with in the MASH in order to prevent children's cases being passed back to First Contact. Feedback is then made to the Team Manager/DHOS to ensure learning regarding thresholds takes place.

- 4.15 The adults MASH had only been running for four weeks at the time of the QA visit and already there were benefits noted in adults and children's social workers being co-located. This has led to children's services making referrals directly to adults where a vulnerable adult is identified as well as adults passing on any relevant information about children from their safeguarding adult investigations. Social workers spoken to said that any information gathered from adult services about open children is recorded on LCS.
- 4.16 Further discussions need to take place with Health about ensuring health professionals are able to routinely access the health information systems in order to provide timely and relevant information about children.

OTHER OPTIONS CONSIDERED

- 5.1 There is the option of reverting back to arrangements which were in place prior to the mini multi-agency safeguarding hub where there was no co-location of staff from the three different agencies.. However, this would not lead to any improvement in the quality of practice and increase the risk of poor inspection outcomes for the council, police and health.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Maureen Darbon, Early Help and Children's Safeguarding
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IMPLICATIONS

Financial and Value for Money

1.1 None.

Legal

2.1 None.

Personnel

3.1 None.

IT

4.1 None.

Equalities Impact

5.1 None.

Health and Safety

6.1 None.

Environmental Sustainability

7.1 None.

Property and Asset Management

8.1 None.

Risk Management

9.1 None.

Corporate objectives and priorities for change

10.1 None.