

Division(s):

## **CABINET – 26 November 2013**

### **MULTI-AGENCY SAFEGUARDING HUB (MASH)**

#### **Report by Director for Children's Services**

##### **Introduction**

1. This report recommends that Oxfordshire County Council develops a Multi-Agency Safeguarding Hub (MASH) in conjunction with partner agencies.
2. A Multi-agency Safeguarding Hub (MASH) is a multi-agency unit which pools intelligence about safeguarding referrals, securely, and provides safe and speedy triage as a basis for appropriate ongoing action. As such it is a gateway between universal services (such as Schools and GPs) and specialist and intensive services.

Without an effective and appropriately supported set of universal services, and a well-functioning gateway (like an A&E does in a hospital) the more specialist services become overloaded very quickly and the consequences are expensive.

The overwhelming majority of Serious Care Reviews in Children's Social Care in the UK over the past four decades document poor inter-agency communication, failed handover arrangements and tardiness of actions as key contributing factors to tragic outcomes. A MASH is designed to overcome these factors, and also to enable other important objectives to be actioned such as supporting police investigations in child protection and for vulnerable adults. By working to shared objectives and using pooled resources it can be very effective if well designed. This includes aligning it with the rest of services.

3. The Home Office is strongly supportive of the development of MASHs and in a report published in September urged all areas to consider developing them. In Oxfordshire we have been working on a MASH since the beginning of the year, on a multi-agency basis, and have a formally constituted project in place, with a high-level Steering Group. We have visited other areas to learn from them.
4. The financial context is also an important driver. With Children Education and Families (CEF) needing to achieve significant savings by 2017 and other agencies equivalent sums, this opportunity to reshape our practice and the 'child's/adults' journey' together must be grasped. The MASH would not be an 'add on' but a fundamental reshaping of our existing processes and services, redirecting existing resources.

5. The work on MASH is a key part of the reshaping of the whole 'child's journey' and therefore fundamental to the financial reduction strategy for CEF spending. At the intensive section of the 'journey' it must lead to a reduction in expensive and sometimes ineffective agency placements. Every reduction of 5 out of County residential placements will save £1m.
6. This report or the thinking behind it has been considered within the County Council up to Cabinet level and at the Children's Partnership Board, after being worked up by a Multi-Agency Steering Group including Oxfordshire County Council Childrens and Adults Services, the Fire Service and Trading Standards, Thames Valley Police (TVP) and Oxford Health (OH).

### **How the MASH fits with the new Integrated Child's Pathway.**

7. The MASH Steering Group, working with its related Steering Group on the Integrated Child's Pathway, has developed the following approach to the positioning of the MASH: (See diagram)
8. A key principle is that universal services such as Schools and GPs are supported by specialist services, so they can hold on to and work with more complex situations themselves but feel safe and confident to do so. 70% of our referrals to CEF Early Intervention Services come from Schools currently, and another nearly 20% from Health, with the balance from the Police and some self referrals etc. Therefore as part of the reshaping in our own early help services (Early Intervention Services) we should consider how we support those settings, very probably by co-locating social care staff in school and GP clusters. Informal advice and support has been found to be much more effective and welcome than a requirement to fill in and send on a lengthy referral form!
9. For safeguarding referrals (and almost all referrals for CEF have a safeguarding component) the MASH should constitute a single point of access. It should be 24/7 (and so subsume the Out of Hours service), and include both children with disabilities as well as mainstream referrals. It is also proposed that it should include adults' safeguarding, if not immediately, then in a second phase. It would be multi-agency, which means at least OCC, TVP, Oxford Health (OH) and with input from other disciplines. We have therefore begun discussing with others about how this would tie in with and support their services for vulnerable people, including Schools, GPs and the Districts.
10. Following triage the next stage of the pathway is the hand-off to more specialist services. These will of course include specialist health services such as Child and Adolescent Mental Health Services (CAMHS), and mainstream Children's Social Care (CSC) and also Child Disability Services. There is a strong case for aligning and co-locating our locality based services, both across Early Intervention and CSC, along with relevant Health Services. In our planning to date there has been strong support from Health colleagues for this. These newly merged service outlets would perhaps be named Localities.

**Universal Services –  
e.g. Schools, GPs, with  
Support and Advice by  
Specialists**

**Multi-Agency  
Safeguarding Hub  
MASH  
Sharing Intelligence  
on Safeguarding 24/7**

**Multi-Agency Children's  
Localities –  
North/Central/South  
Children's Social Care/Early  
Intervention,  
Oxford Health Children &  
Adults  
Police  
Adult Services**

**Tertiary Health & Social Care & Youth  
Justice**

11. It should be stressed that alongside the need for savings in OCC, other organisations are also having to look for similar reductions. This is a powerful driver for the improvements which streamlining and co-locating activity can deliver. Given that OH Localities are virtually co-terminous with those of CSC, there is a strong case for considering whether co-location on a north-central-south three Locality basis can be achieved. ICT and Property Services colleagues are involved in these feasibility discussions, and it seems clear that the technical infrastructure can be shared to mutual advantage, and there should be property savings which are deliverable. This would dovetail with the latest draft Early Intervention proposals to have a similar configuration.
12. It will be apparent that the property implications of all this will need to be considered corporately along with the other OCC footprint proposals. We are working up specifications which OCC and other organisations' property experts can utilise.
13. The cost envelope of the MASH must and will be smaller than the sum of its component parts, for each agency. This is based on pooling some assessment and triage functions, including across agencies.

#### **Features of the MASH**

14. An essential factor of the MASH is that it is multi-agency and co-located. Multi-agency in order to function effectively and co-located both to support the functioning but also to enable secure sharing of highly confidential intelligence in relation to referrals and investigations.
15. MASHs sidestep any futile and expensive attempt to integrate secure IT systems by instead co-locating secure terminals which are each accessed only by agencies' own staff. It is the information which is then shared and actioned. Because of co-location of staff information can be triaged and actioned within hours as opposed to the days which current arrangements often take.
16. In Oxfordshire the 'Core' Group of MASH agencies comprises Childrens and Adults Services from OCC, TVP and Oxford Health. 'Affiliates' include Housing, Fire & Rescue, and Trading Standards, who might have an intermittent presence (e.g. one day a week).
17. The MASH would be in one central location. It would be a fairly large unit including the TVP referral unit of around 15 staff and corresponding numbers from other agencies. Property Services of TVP, OCC and OH are considering options from all our existing property portfolios. There would be an opportunity for shared ICT infrastructure and the investment already made by our ICT departments can fairly readily be utilised with minimal additional cost.
18. The MASH should be 24/7, with weekend capability being particularly important, and the forthcoming review of EDT which has been instigated will dovetail with planning for this.

19. An important feature, as mentioned earlier, is that handover to Local operations is also to a multi-agency function. This represents an opportunity particularly for co-location with the Oxford Health Localities, which as stated earlier are already virtually co-terminus with those of OCC. It is at least as important a developmental opportunity as the MASH itself.
20. There is a strong commitment for Adults Services Safeguarding triage to be a part of the MASH. This is likely to be on a phased basis, with perhaps that for Adult Mental Health, Domestic Violence and younger vulnerable adults being earliest.

### **Project Management**

21. A multi-agency Steering Group has been in place since June, and a Project Initiation Document was first produced in July. Project Management is in place both by OCC and other agencies.
22. The Steering Group is now chaired by Assistant Chief Constable John Campbell; he leads for MASH development for TVP. The Steering Group comprises additionally Frances Craven, Lucy Butler and John Dixon for OCC, DCI Ray Howard for TVP and Divisional Director for Children for Oxford Health Pauline Scully. Additional representatives from Trading Standards, Fire and Rescue, ICT and HR and Property specialists also attend.
23. There are 6 work streams, with workgroups: Operations, Property and IT, Processes and SLAs, Commissioning and Engagement, Delivery and Training.
24. Governance is to the respective Executive and Member Group within each agency and to the Children's Partnership Board on behalf of the Health and Well-being Board.
25. Timescale for operational start is Summer 2014.

### **RECOMMENDATION**

26. **The Cabinet is RECOMMENDED to endorse the development of a MASH for Oxfordshire.**

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November 2013