

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	<b>01/MRFH/0041</b>
<b>Service</b>	<b>Multi Agency Safeguarding Hub (MASH) - Health Component</b>
<b>Commissioner Lead</b>	<b>NHS Dorset CCG</b>
<b>Provider Lead</b>	<b>Dorset HealthCare University NHS Foundation Trust</b>
<b>Period</b>	<b>1 April 2015 to 31 March 2016</b>
<b>Date of Review</b>	<b>31<sup>st</sup> March 2016</b>

#### 1. Population Needs

The Multi Agency Safeguarding Children's Hub (MASH) is a multi-agency service that allows the co-location of safeguarding agencies to provide specialist assessment, investigate and intervention for vulnerable children ensuring **effective** safeguard of children and young people. The Children's Act 2004 supports the concept that every child matters and deserves a good start in life. This is a concept that is shared locally in Dorset.

Dorset CCG is committed to ensuring the health component of the MASH is robust and meets the needs of children. Evidence suggests a steady increase of children on the 'Child Protection Plan' (CPP) in Dorset. In 2012/13 the number of children with a Child Protection Plan had increased slightly at the end of March 2012 then remained stable at the end of March 2013. The trend in Dorset is similar to what is happening across the country. There has also been an increase in the number of disabled children with a child protection plan. The number of disabled children with a Child Protection Plan remains lower than expected given that research indicates that they are more at risk of being abused than non-disabled children.

Munro (DFE, 2011) review of safeguarding arrangements in England and Wales identified the importance of early help and also the need to 'build a bigger picture' of the child's needs ensuring risks are managed within an appropriate timeframe. Evidence from Serious Case Reviews (SCR) and supported by Munro's findings highlights ineffective information sharing by agencies as a major concern in the child protection system.

Stage 1 of the Dorset MASH will provide triage and multi-agency assessment of safeguarding concerns in respect of vulnerable children in two areas of work; the police domestic abuse Safeguarding Children & Adult Risk Forms (SCARF) and Section 47 Strategy Discussions. It will bring together professionals from the Police, Children's Social Care and Health, who will work as an integrated multi-agency team. The MASH team makes assessments and decisions depending on risk to the child and links with Children's Social Care local offices, who undertake Section 47 assessments and deliver, child protection or early help services. Quicker response times, a co-ordinated approach and better informed decision making ensures that vulnerable children and adults affected by domestic abuse are protected.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

The Dorset MASH will require the relevant agencies including health professionals to be co-located; currently in the Poole police station building. The requirement for a MASH was highlighted as an area that required improvement following a recent

#### Ofsted inspection

The expectation is that the MASH will extend in time to encompass adult safeguarding.

Information may be required from health agencies outside of Dorset where information is requested or required in relation to child protection events where there is concern that the child is at risk of significant harm and being investigated under section 47 of the children's act.

#### Legal Context

Section 10 of the Children Act 2004 created a requirement for children's services to make suitable arrangements for co-operation between the relevant partners in order to improve the wellbeing of children in the local authority's area. Section 11 of the Act places duties on organisations to ensure that the services they commission/provide are discharged having regard to safeguarding and promoting the welfare of others.

#### Related Policies

Dorset, Bournemouth and Poole Multi-agency Safeguarding Policy and Dorset		√
Domain 3 Preventing people from dying prematurely		√
Domain 2 Enhancing quality of life for people with long-term		√

### 2. Outcomes

Domain 3	Helping people to recover from episodes of ill-health or following injury		
Domain 4	Ensuring people have a positive experience of care		√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm		√

### NHS Outcomes Framework Domains & Indicators

#### Local defined outcomes

The MASH outcomes, highlighted below for children and young people pan Dorset link in with domain 1, 2, 4 and 5 of the NHS Outcomes Framework. The aim is to ensure that children and young people are protected from avoidable harm.

#### Outcomes

A faster, co-ordinated and consistent response to safeguarding concerns about vulnerable children and when adults are affected ensuring that there is effective communication with the adult safeguarding teams.

An improved response for the child or adult, with greater emphasis on early help

An informed service delivering intervention at the right time.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

A clearer process for the professional or member of the public raising a concern about a vulnerable child or adult.

Closer partnership working, clear accountability and improved multi-agency communications.

A reduction in the number of inappropriate referrals and re-referrals

#### 3. Scope

##### Aims and objectives of service

The aim of the MASH is to ensure that children and young people are protected from avoidable harm.

##### Objectives

The provider will provide consistent health contribution to the Pan Dorset MASH to ensure the following

- Effective cooperation with partner agencies.
- Co-location of health staff within the hub
- Effective information sharing
- High standard of performance
- Health actions are progressed in a timely fashion
- Reduction of risk to children

The health practitioners within the hub will ensure a coordinated and consistent response from the wider health economy to concerns about vulnerable children and young people.

The health practitioners in the hub will develop and maintain a process to manage concerns about children and young people that do not meet the threshold for safeguarding, ensuring that they are signposted for early help and support. The guiding principles within this service requirement are that services provided by health will be in accordance to the Children's Act.

The service will be of a high quality provided by staff with the appropriate skills, knowledge and experience. This will include ensuring that the MASH team receives relevant health information to ensure that the right decision is made for the child.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

#### Service Description

The Clinical Commissioning Group identifies five core elements for MASH as a minimum requirement. This includes:

- All notifications relating to safeguarding and promoting the welfare of children in respect of Police SCARF reports to go through the hub.
- A co-located team of professionals from core agencies including health will deliver an integrated service to cooperate with investigations, interpret and determine what proportionate and relevant action to take, and what information should be shared with other agencies or professionals.
- MASH activity is kept confidential and separate from operational activity and provides a confidential recording system of activity to support this.
- An agreed process for analysing and assessing risk, based on the fullest information picture and dissemination of a suitable information product to the most appropriate agency for necessary action.
- A process to identify victims and emerging harm through research and analysis.

#### Pathways that should be followed for this Service are:

- Information sharing in respect of risks to children following receipt of Police domestic abuse SCARF reports.
- Communication pathways between the health MASH practitioners, children's social care, police and the wider health agencies.

#### The Health contribution to the Multi Agency Safeguarding Hub (MASH)

The MASH service is a multi-agency service that involves the Police, Children's Social Care and Health. This specification describes the health requirement within the hub whilst recognising areas of joint working and interdependency with other agencies.

The provider will be expected to work within the guidance set out in this service specification and will ensure that the logos for the health aspect of the MASH on paper documents reflect the NHS logo and not that of the provider logo.

This is a development of existing safeguarding service. Therefore the CCG reserves the right to amend this specification as the service develops.

Health practitioners will be co-located within the Multi Agency Safeguarding Hub and provide specialist advice and support to the partners within the hub relating to children known to the health service.

The service will be provided by a high calibre of registered health professionals who possess the right skills and competencies to provide this service to high standards.

The service will have access to a Senior Specialist Safeguarding Lead Nurse who will provide leadership and supervision to the health team.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

Health information requests regarding child concern referrals into the MASH will be managed using a standardised risk assessment tool and the Dorset threshold document to aid decision making.

The service will identify if the child and family are known to Health Services and if there is relevant information held on the health records (electronic or paper).

The decision to share the initial findings with the other agencies within the MASH team will be taken at all times by Health practitioner member of the MASH team.

The health team will participate in the initial discussions within the hub when decisions are being made about the level of risk. Decisions to share will be made in the best interest of the child.

The provider will ensure that the health organisations within Dorset are fully aware of the MASH and the health responsibility within the service.

The service will provide and operate a professional's link that will give other health professionals outside the hub access to advice and support from a health MASH practitioner from a dedicated health advice line. The number will be shared with relevant stakeholders.

The minimum information required from health agencies will be identified and shared with health providers to ensure the flow of information is two way . There will be a robust 'Information Technology' infrastructure to support the service delivery.

There will be a process in place to capture emerging harm through trends that can influence investigation and analysis to identify children and young people that have had repeated referrals. These cases and how to manage them will be agreed with children's social care managers.

The Health component of the MASH team will report activity to the Commissioner on a monthly basis along with a quarterly narrative report which would include analysis of themes trends, progress and challenges.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

The health practitioners will have access to safeguarding children's training level 4 and supervision.

#### Process

- Referrals to Children's Social Care will continue to be made via local offices.
- Requests for health participation Section 47 Strategy Discussions will be made by Children's Social Care to health staff in the MASH.
- Health staff in the MASH will gather and share relevant health information with Children's Social Care and give an opinion, based on all the information available as to whether the threshold for Section 47 investigation has been met.
- Police SCARF reports are received by health staff in the MASH from the Police by e mail with the Police RAG rating.
- Health information regarding the children linked to the SCARF reports, which have been rated red or amber is gathered and shared with Children's Social Care, at their request.
- All SCARF reports are shared with relevant frontline health visitors, or school nurses and will be forwarded to GPs.
- Health staff in the MASH will respond to requests for relevant health information, from Children's Social Care, or the Police, in respect of cases where there are identified risks to children.

#### **To ensure and support this process the following will need to be in place as a minimum requirement:**

- The health MASH will have a Director with Executive responsibility for the service.
- Communication with Acute Trust staff who will be supported by the named Nurse from the providing Trust.
- The reporting and accountability structure will be visible to health staff within the hub and partner agencies.  
There will be a robust governance process in place to review the health performance and outcomes for children and young people.
- There will be a Senior health practitioner responsible for the day to day running of the MASH.
- There will be a minimum information request sheet that will be shared with all providers of health agencies including independent sector and private health providers.
- A relevant record of health agencies involvement will be kept by the MASH health team to ensure information is accessed in accordance with record keeping requirements in a timely fashion.
- Consideration should be given to MASH health staff rotating back to their usual area of work. This allows for continuous professional development of clinical skills and provides staff with the skills and understanding required.
- The MASH will filter and send out all Police SCARF domestic abuse reports to the relevant provider, as per policy, with clear actions required or for information sharing purpose only.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

**The capacity required to this service will include the following team:**

- 1 x band 7 - WTE
- 1 x band 7 - 0.7 WTE
- 1 x band 3 - WTE
- 1 x band 3- 0.6 WTE

This will enable suitably qualified and experienced staff to manage the health input at all times. The hub will be supported by the rest of the Safeguarding Team in Dorset HealthCare. It is expected that there will be a minimum of one member of the team working at all times. Support will be provided to the health staff in the MASH by the Safeguarding children Team in Dorset HealthCare, including both holiday and sickness cover.

#### **Information Sharing Protocol**

There is a Dorset information sharing protocol in place. The provider will be reviewing this document to ensure that it takes into account the appropriate principles of information sharing to support the MASH.

#### **Governance**

The governance structure will need to reflect the requirement to report to the Lead Commissioner and to the Safeguarding Children's Boards.

#### **Information Technology**

The provider will ensure that IT support required for the health practitioner meets the need of the service.

#### **Performance Review and Monitoring**

The performance of the MASH will be monitored through the existing contract monitoring arrangement and through reporting to the Safeguarding Boards

#### **Any acceptance and exclusion criteria and thresholds**

The service will ensure that all referrals for children and young people aged 0-18 years are reviewed and cooperate with investigations as appropriate.

#### **Interdependence with other services/providers**

The success of the MASH service depends greatly on the relationship it has with other health agencies outside the MASH. Therefore the provider must establish good working relationships with:

- Primary Care
- Health Visitors
- School Nurses
- Looked After Children Teams
- Adult Mental Health services
- NHS Acute Trusts
- Safeguarding Adults teams
- Child and Adolescent Mental Health Services (CAMHS)
- Minor Injuries Centres / Walk in Centres
- Ambulance Service
- Substance misuse service

The MASH team will ensure the right processes are in place to request information and feedback outcomes to the agencies listed above.

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

#### 4. Applicable Service Standards

- Children Act (1989)
- United Nations Convention on the rights of the child (1990)
- Human Rights Act (1998)
- Data protection Act (1998)
- Children Act (2004)
- Standards for Better Health C2 (2004)
- Children's NSF Standard (2004)
- Working Together to Safeguard Children (2013)
- Freedom of Information Act 2000
- NHS Caldicott Guardian Principles (Caldicott Guardian Manual 2010)
- Safeguarding Vulnerable People in the Reformed NHS (2013)
- Working Together to Safeguarding Children (2013)

#### 5. Applicable quality requirements and CQUIN goals

- Number of Section 47 Strategy Discussions held with each Children's Social Care.
- Mode of Section 47 Strategy Discussion; ie face to face, by phone or via e mail.
- Numbers of Police SCARF reports received and processed.
- Numbers of red, amber and green Police SCARF reports received.
- Quarterly case management audit.
- Feedback from MASH programme Board meetings and other key stakeholders
- Contribute to an annual review of internal guidance and standards and comparative analysis with national and regional research

#### 6. Location of Provider Premises

The location of the service is currently at Poole police station.