Summary

As the Council strives to continuously improve the way in which it responds to safeguarding concerns raised regarding vulnerable adults it must work more effectively with partners to share information, contribute different expertise and make better, quicker, collective decisions.

As previously reported to this Committee, the Barnet Safeguarding Adults Board has agreed in its two year business plan that the establishment of a Multi-Agency Safeguarding Hub (MASH) is a priority to help achieve improvement. Collectively, partners have concluded that an adult MASH will pull together key information sources from the various partner systems; will provide a simpler and quicker pathway for reporting concerns; and will enable improved triage of cases reported. Partners are committed to this approach of more integrated working to better safeguard vulnerable residents in Barnet and the Committee is requested to endorse this approach.
**Officers Recommendations**

1. That the Adults and Safeguarding Committee agrees to further development to establish an Adults MASH as set out within the report.

2. That the Adults and Safeguarding Committee agrees that the Strategic Director for Adults, Communities and Health should continue to seek support and investment from partners including Barnet CCG, Central London Community Health NHS Trust and Barnet, Enfield and Haringey Mental Health Trust in the development of the Adults MASH.

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1. **WHY THIS REPORT IS NEEDED**

1.1 On the 19 September 2017, the Adults and Safeguarding Committee considered the Annual Report of the Barnet Safeguarding Adults Board 2016-17. The Safeguarding Adults Board is a statutory multi-agency board which has been established to improve safeguarding (protection) practices for adults at risk of abuse in Barnet and is made up of representatives from the Council, the Metropolitan Police, Barnet CCG, local NHS providers, the London Fire Brigade, Community Barnet and the Barnet Group.

1.2 The establishment of a Multi-Agency Safeguarding Hub (MASH) is one of five priorities in the Board’s Business Plan. It sets out that an adult MASH will pull together key information sources from the various partner systems and will provide a clear pathway for reporting concerns. It will improve the triage of cases reported. The MASH will support comprehensive, well informed, multi-agency assessments of risk for adults referred to the MASH who appear to be at risk. The MASH will bring together not just information but also professional staff from a range of agencies into an integrated multi-agency team. Partners are committed to this approach of more integrated working to better safeguard vulnerable residents in Barnet.

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2. **REASONS FOR RECOMMENDATIONS**

2.1 A Multi-Agency Safeguarding Hub (MASH) is a means for rapid information sharing between agencies in response to a safeguarding concern. It can take the form of either a dedicated, multi-agency team, working in one location with access to the systems of each of the organisations or as a virtual team with a central coordinator linked to contacts in each organisation, facilitating the sharing of information. In so doing, a successful MASH model improves the flow and access to information, decision making and responses to adults at risk. It provides a system to review information from multiple sources in a timely manner to give a comprehensive picture. It provides an opportunity to embed personalisation in safeguarding (following Care Act 2014 statutory guidance on ‘Making Safeguarding Personal’) across the pathway by ensuring consistent practice across agencies and professionals. Good information sharing helps ensure risks to adults are better understood. The MASH should also reduce the risks and inefficiencies that can arise from duplication or poor coordination across agencies.
2.2 The MASH would make initial multi-agency assessments of risk and decisions about appropriate and proportionate responses in line with the London Safeguarding Adults Policy and Procedures (these Care Act 2014 compliant procedures are followed by all London councils, NHS organisations and the Metropolitan Police, along with other partner agencies). It is anticipated that the MASH will be able to offer quicker response times, a coordinated approach and better informed decision making to ensure that adults at risk are better protected.

2.3 The MASH model will support the achievement of the duties held by partner agencies under the Care Act Statutory Guidance (section 14.11) to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect.

2.4 In 2016-17 there were 1,043 safeguarding concerns, of which 298 were referred for further enquiry under S42 of the Care Act 2014. 21% of all concerns received related to adults with dementia. The majority of concerns related to adults over 65 and of these, 78% related to neglect or acts of omission. The second largest category was physical abuse. For adults with learning disabilities, the highest proportion of concerns related to physical abuse. For those with mental health needs, the most prevalent abuse type was domestic violence. There were 147 concerns raised in relation to pressure ulcers. However, only 19.7% of these concerns progressed to a safeguarding enquiry.

2.5 Abuse was substantiated, either partially or fully, in 47% of completed enquiries (129/298). Following the completed enquiry, the most common actions taken were increased monitoring and assessment of care and support needs. 25 cases resulted in police action. Three cases were referred to the Disclosure and Disbarring Service.

2.6 Discussion with service users and carers as part of the consultation on the Barnet Safeguarding Adult Board (SAB) 2018-21 strategy has highlighted that often service users feel vulnerable after an enquiry. Adults at risk may feel confused by the number of different services involved in a case. A multi-
agency hub and information system would allow for more targeted contact with service users, with clear leadership and roles within the hub.

2.7 The presence of mental health and police expertise could help identify and improve the management of potentially high risk cases earlier in the referral pathway. Those concerns that are also criminal investigations would benefit from the development of a MASH as it will enable earlier input from the Police. The number of criminal prosecutions in relation to safeguarding is relatively low in Barnet. Having a clear understanding of organisational processes and methodology would help support prosecution rates.

2.8 Barnet, like all Local Authorities, already has a children’s MASH but Adult MASHs are less common. Conversations have taken place with officers from sites that have adopted or are considering adopting this model including Camden, Enfield, Surrey, Hampshire, Lancashire and Lambeth. These authorities highlighted the positive impact that an adult MASH can have, such as improved timeliness of decision making, along with lessons learned that can be used throughout the Adult MASH project in Barnet.

2.9 There are various forms that a MASH can take from virtual team with a co-ordinator helping to facilitate closer integrated working to a fully co-located and integrated team. The ambition of the Barnet Safeguarding Adults Board is high and it has already been identified that a team could be co-located in the new Colindale offices alongside the children’s MASH to ensure a whole family approach. Space has been earmarked for the adults MASH from autumn 2018. The details of exactly how the team will be established, the phasing of development and the resource commitment of each partner will be worked out over the coming months once commitment to the approach has been secured.
3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 No change. This would not achieve the ambitions for improvement identified by the Safeguarding Adults Board.

3.2 Joint improvement plan. Whilst there are significant improvements that could be made to collaborative working without the development of a MASH, it is the considered view of the partnership that the model offers the best opportunity to achieve the desired benefits.

4. POST DECISION IMPLEMENTATION

4.1 Following approval to implement a MASH a period of detailed design and implementation planning will commence followed by a mobilisation period to include training and communications. This will be followed by a launch in Autumn 2018 when the Council moves into the new Colindale offices.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Annual Report 2016/17 reinforces the commitment of the Corporate Plan to ensure the effective safeguarding of vulnerable adults. The performance of the MASH will be monitored and evaluated to ensure improvements to service. A full set of performance indicators and evaluation criteria will be developed as part of the implementation phase.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 It is not anticipated that the MASH will achieve financial savings for partners as other sites have shown that the approach has increased demand. However, it is anticipated that it will improve efficiency and reduce duplication and offer a better service for residents. Approximately £110k has been identified to fund the Council elements of the MASH on a pilot basis for one year. Longer term funding will be considered through the Council’s medium-term financial strategy process. The Police have also confirmed that they will be able to resource the Adult’s MASH in a co-located model. Work is underway with health partners to identify the resources that they will make available to support the new model, as learning from elsewhere indicated that mental health input is vital and that the presence of community health would be very beneficial.

5.3 Social Value

5.3.1 The social value of the report is reflected in the commitment and applications of core principles of safeguarding.

5.4 Legal and Constitutional References
5.4.1 The responsibilities of the Adults and Safeguarding Committee are contained within the Council’s Constitution – Section 15 Responsibility for Functions (Annex A). Specific responsibilities for those powers, duties and functions of the Council in relation to Adults and Communities include the following specific functions:

- Promoting the best possible ASC services.
- Working with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare, and promote the Health and Wellbeing Strategy and its associated sub strategies.
- Ensuring the Council’s safeguarding responsibilities are taken into account.

5.5 Risk Management

5.5.1 Increase in safeguarding activity. Lessons learned from Adult MASHs elsewhere in the country have shown that after implementation the MASH experiences an increase in demand of up to 30%. In order to mitigate this risk additional capacity is planned to be deployed using the funds referred to in paragraph 5.2.1.

5.5.2 Inability to access key information. Lack of robust information sharing agreements lead to ineffective or incomplete information sharing and therefore greater risk to adults and the reputation of all organisations involved. Partners need to be able to share information in a timely manner to ensure that cases are dealt with promptly and the MASH achieves its outcomes. Each organisation has committed to the MASH. Barnet Safeguarding Adults Board has signed the Pan-London Adult Safeguarding Information Sharing Agreement to mitigate this risk. This agreement has also been signed by pan-London organisations such as the MPS and NHS England (London).

5.5.3 Information shared is not useful. Partners may not share enough information or may share too much meaning the member of staff dealing with the referral is unable to decipher what is useful. This will be mitigated by having clear referral forms and processes.

5.5.4 Inappropriate thresholds become established. A lack of clearly understood thresholds could lead to delays in outcomes for service users and a negative impact on the reputation of the MASH. Thresholds will be set according to statutory and best practice guidance and lessons learned from other organisations.

5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities
Duty which requires Public Bodies to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people from different groups.
- Foster good relations between people from different groups.

5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities
The protected characteristics are:
- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

5.6.3 The broad purpose of this duty is to integrate considerations of equality into
day to day business and to keep them under review in decision making, the
design of policies and the delivery of services.

5.7 Corporate Parenting
5.7.1 Not applicable

5.8 Consultation and Engagement
5.8.1 The Safeguarding Adults Board consults and engages with service users
through the Safeguarding Adults Service Users Forum. The work of this forum
is incorporated in the Board’s Annual Report.

5.8 Insight
5.8.1 Not applicable

6. BACKGROUND PAPERS
6.1 Barnet Safeguarding Adult Board Annual Report 2016-17 - Adults and Safeguarding Committee, Tuesday 19th September 2017
6.2 Care and Support Statutory Guidance, especially para 14.14
6.3 London-wide Safeguarding Adults Policy and Procedures