

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	01/MRFH/0041 v3
Service	Pan-Dorset Health Component supporting; Dorset Multi Agency Safeguarding Hub (Children) Bournemouth, Christchurch & Poole Multi-Agency Safeguarding Hub (Children)
Commissioner Lead	NHS Dorset CCG Head / Deputy Head of Safeguarding
Provider Lead	Dorset HealthCare University NHS Foundation Trust Executive Director Nursing, Therapies & Quality / Trust Professional Lead for Safeguarding
Period	01.04.21 to 31.03.22
Date of Review	March 2022

<p>1. Population Needs</p> <p>1.1 National/local context and evidence base</p> <p><u>Dorset Council (DCC) Area:</u> Total Population of Dorset (2019 mid-year estimate) was 378,508. 74,765 are aged 0-19 (20%) 483 were Children in Care (2019) and 261 were care leavers There are approximately 2,800 children with special educational needs supported through an Educational, Health and Care Plan Dorset has 160 schools</p> <p><u>Bournemouth, Christchurch & Poole (BCP) Council Area:</u> Total population of BCP (2019 mid-year estimate) was 395,800. Breakdown of ages as follows: 0-4 20,275 5-9 22,609 10-15 25,245 16-17 74,39 18-24 36,285 471 were children in care (2019) and 287 care leavers 12.2% of children recorded as having Special Educational Needs & Disability (SEND) BCP has 111 schools</p> <p>The purpose of a MASH is to make an efficient and fast multi-agency decision to safeguard vulnerable children. The MASH environment allows professionals to quickly gather and process information to assess risk for new front-door cases referred to Dorset and BCP local authorities</p> <p>The multi-agency partnership and coordination of professionals are better placed to make correct, appropriate, and proportionate decisions when it comes to child</p>

safeguarding. 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 Safeguarding Practice Reviews, and supported by Munro's findings, highlights ineffective information sharing by agencies as a major failing in the child protection system.

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 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.

There is a statutory requirement under the Children Act 2004 that whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving local authority children's social care (including the residential or fostering service, if the child is looked-after), the police, health and other bodies such as the referring agency (Working Together 2018)

Health practitioners should:

- advise about the appropriateness or otherwise of medical assessments, and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment
- provide and co-ordinate any specific information from relevant practitioners regarding family health, maternity health, school health mental health, domestic abuse and violence and substance misuse to assist strategy and decision making
- secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
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	

2.2 Local defined outcomes

The MASH outcomes highlighted below for children and young people pan Dorset link with domain 1, 2, 4 and 5 of the NHS Outcomes Framework.

Timely information sharing with MASH partners to inform 'front-door' decision-making and immediate risk management to ensure children are protected from harm and receive the 'right service at the right time'.

- 100 % response to referrals for mash information sharing and strategy discussions.
- Response to information sharing and strategy discussions within agreed timeframes to the following percentage targets:
 - 100% of strategy discussions required within 4 hours
 - 90% of strategy discussions required within 24 hours
 - 100% MASH summary record shared with partners for information sharing requests
 - 100% cases have recorded decision-making on consent / overriding consent

Analysis of health information to inform the MASH response.

- Quarterly audit of the quality of strategy discussions, shared with CCG.

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

- Number of escalations

Liaison and information sharing with health agencies involved in the care of children and young people to inform onward care planning and risk assessments.

- Include evidence in quarterly audit of assurance that health actions are completed and frontline services have responded appropriately.

3. Scope

3.1 Aims and objectives of service

The aim of the Multi Agency Safeguarding Hub (MASH) is to improve the quality of information sharing between professionals in order to make timely and informed decisions about risk. Dorset CCG reserves the right to amend this specification as required.

Objectives

- To effectively cooperate with partner agencies, providing a consistent co-located health response.
- To respond within agreed timeframes to information sharing requests from police and children's social care to inform their decision-making in their front door arrangements.
- To share relevant and proportionate information.
- To make decisions on consent to share health information in line with data protection and safeguarding legislation.
- To provide analysis of health information to inform the multi-agency risk assessment and action planning activity.
- To progress MASH Health actions & inform health practitioners of strategy discussions and any actions required of them.
- To contribute to the initial health response for CDOP rapid reviews

- To be a source of specialist health knowledge for the multi-agency network
- To provide professional challenge, where appropriate, and implement the escalation policy where indicated.
- To undertake individual and multi-agency audit and respond effectively to actions identified to improve practice.
- To undertake audits at request of NHS Dorset CCG to provide assurance as required.
- To provide regular assurance to NHS Dorset CCG that these processes are implemented and effective; with suitable action plans in place should any deficits be identified.
- To provide quarterly reporting of MASH data including activity, themes and outcomes.
- To ensure appropriate health representation at operational MASH meetings and be an active participant in service development.
- To ensure that the MASH health resource is used efficiently and effectively.

3.2 Service description/care pathway

Service Description

The Clinical Commissioning Group identifies the following core elements for MASH as a minimum requirement:

- MASH health disseminates Public Protection Notices to the agreed health providers.
- The service collates relevant information and provides analysis to inform strategy discussions, threshold decision-making and immediate risk action plan.
- MASH health also support management for open cases where the need is urgent (strategy discussion required within 4 hours) but this is as part of commissioned services via the DHC integrated Safeguarding Service.
- Respond to MASH information sharing requests, within the agreed timescales.
- The service works to agreed (ICS) Standard Operating Procedures.
- The service requests information from health agencies outside of Dorset where required / appropriate.
- Contemporaneous records will be kept by the MASH health team in accordance with record keeping requirements.
- The service conducts the required quality assurance and reporting activity to their employer and the CCG.
- The service fully participates in Multi-agency service development.

Care (Safeguarding) Pathways that should be followed for this Service are:

Standard Operating Procedures are agreed with the following health provider services and partners:

- Health Visiting Service
- Children In Care Nursing Service
- Child & Adolescent Mental Health Service
- Community Mental Health Service
- Steps to Wellbeing Service
- Midwifery Services
- Dorset County Hospital (Safeguarding / Paediatrics)
University Hospitals Dorset Foundation Trust (Safeguarding / Paediatrics)

The service should also comply with the following core policies / guidance documents:

Pan-Dorset Escalation Policy
Pan-Dorset Safeguarding (Children and Adults) Policy and Procedures
Pan-Dorset Domestic abuse policy and guidance
Pan-Dorset Continuum of Need
Data Protection Act/ GDPR

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.

Health practitioners will be co-located or remote working (where necessary) within the Multi Agency Safeguarding Hub and provide specialist advice and support to the partners.

The service will be provided by experienced registered professionals who possess the right skills and competencies to provide this service to a high standard.

The provider will be responsible for ensuring appropriate leadership and management is in place.

The service will have access to Dorset HealthCare NHS Trust Named Nurse for Safeguarding Children (or deputy) who will provide leadership and supervision to the health team.

MASH health professionals will access mandatory safeguarding supervision, at least quarterly, for the role. MASH health administrators will also be offered quarterly supervision sessions (not mandated).

Training compliance, as a minimum:

- MASH Administrators Level 2 Safeguarding Training
- MASH Health Practitioners Level 3 Safeguarding Training
- MASH Managers Level 3+ Safeguarding Training

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.

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:

Governance of health outcomes for children & young people through Pan Dorset Safeguarding partnership governance processes (QA sub group) including, where in place, the MASH Strategic Group.

The service will conduct quality assurance work (single and multi-agency) to identify areas of good practice and areas requiring improvement, collating data and identifying trends to inform service intelligence.

Dorset Health care Foundation Trust will provide the CCG with audits and reports at their request for them to review and gain assurance.

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

Information Sharing Protocol

There is a Dorset information sharing protocol in place and a MASH information sharing PISA. The provider should ensure these arrangements are reviewed and take account of the appropriate principles of information sharing to support the MASH.

Governance

Health MASH reports internally to their Trust Safeguarding group and externally to the Dorset CCG Head / Deputy Head of Safeguarding and to the MASH Strategic Boards (DCC & BCP) where in place. Multi-agency MASH reports to the Pan-Dorset Quality Assurance sub-group of the Safeguarding Children Partnership.

Information Technology

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

Performance Review and Monitoring

The performance of the MASH will be monitored through the existing contract monitoring arrangements, the Trust Safeguarding Committee and through reporting to the MASH strategic boards.

At the reasonable written request of the (Co-ordinating) Commissioner, and by no later than 10 Operational Days following receipt of that request, the Provider must provide evidence to the (Co-ordinating) Commissioner that it is addressing any safeguarding concerns raised through the relevant multi-agency reporting systems. (NHS standard contract Service Condition SC32.6)

If requested by the (Co-ordinating) Commissioner, the Provider must participate in the development of any local multi-agency safeguarding quality indicators and/or plan (NHS standard contract Service Condition SC32.7)

3.3 Population covered

Safeguarding in relation to children happens in the wider environment of 'Think Family' and contextual / community safeguarding, therefore the population covered is the total population of Dorset.

3.4 Any acceptance and exclusion criteria and thresholds

The service will ensure that it responds to all referrals into MASH health for children and young people aged 0-18 years and 0-25 for Care Leavers and SEND.

3.5 Interdependence with other services/providers

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 (this list is not exhaustive):

Primary Care (GPs / Practice Nurses / Social Prescribers)

- General Practitioners
- Practice Nurses
- Social Prescribers
- Health and social care coordinators

Dorset HealthCare NHS Foundation Trust

- Health Visitors
- School Nurses
- Children In Care Nurses
- Community Mental Health Teams
- Child & Adolescent Mental Health Teams
- Learning Disability Services
- Sexual Health Services
- NHS 111
- Minor Injuries / Walk-in Centres

NHS Acute Trusts

Sexual Abuse Referral Centre

South West Ambulance Service

Safeguarding Adults Teams across health providers

The MASH team will ensure the right processes are in place to request information and feedback outcomes, where relevant, to the agencies listed above. Health providers / practitioners remain accountable for their own safeguarding practice.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- Children Act (1989) (2014)
- Working Together to Safeguard Children (2018)
- United Nations Convention on the rights of the child (1990)
- Human Rights Act (1998)
- Data protection Act (2018)
- General Data Protection Regulation (2018)
- Standards for Better Health C2 (2004)
- Freedom of Information Act 2000
- NHS Caldicott Guardian Principles (Caldicott Guardian Manual 2010)
- Mental Capacity Act (2005)
- Modern Slavery Act (2015)
- Serious Crimes Act (2015)
- Domestic Abuse Act (2021)
- Counter terrorism Act (2015)

The Provider must always ensure that safeguarding policies & processes reflect and comply with the Law and local multi-agency policies and any Commissioner safeguarding and MCA requirements. (NHS standard contract Service Condition SC32.4.1)

<p>4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)</p> <p>Revised NHS Safeguarding Accountability & Assurance Framework, NHSE (2018)</p> <p>Child abuse and neglect NICE guideline (NG76) Published 09.10.2017</p> <p>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, Nursing & Midwifery Council (2018)</p> <p>4.3 Applicable local standards</p> <p>Pan Dorset Safeguarding Policies and Guidance https://pandorsetscb.proceduresonline.com/</p>
<p>5. Applicable quality requirements and CQUIN goals</p>
<p>5.1 Applicable Quality Requirements (See Schedule 4A-C)</p> <p>Number of Section 47 Strategy Discussions held with each Children’s Social Care by BRAG</p> <p>Numbers of Public Protection Notices received and processed by BRAG</p> <p>Number of Mash information sharing requests by Local Authority</p> <p>Number of strategy discussions held where Child exploitation features</p> <p>Number of strategy discussions held where FGM features</p> <p>Number of strategy discussions where Prevent features</p> <p>Number of escalations</p> <p>Quarterly quality audit of health function.</p> <p>Weekly multi-agency themed audits.</p> <p>Monthly case dip audit of frontline actions / outcomes</p> <p>5.2 Applicable CQUIN goals (See Schedule 3E)</p> <p>Not applicable</p>
<p>6. Location of Provider Premises</p>
<p>6.1 The Provider’s Premises are located at:</p> <p>Health MASH should be co-located with partner agencies wherever possible, remote working arrangements when necessary as per business continuity plan.</p>
<p>7. Individual Service User Placement</p>
<p>Not applicable</p>
<p>8. Applicable Personalised Care Requirements</p>
<p>8.1 Applicable requirements, by reference to Schedule 2M where appropriate</p> <p>Not applicable</p>