

**Wiltshire Council**

**Health and Wellbeing Board**

**9 November 2017**

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**Subject: Adults Multi-Agency Safeguarding Hub**

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### **Executive Summary**

Demand for adult care services is increasing within a context of pressure on resources and workforce (for example, difficulty recruiting social care workers). The transformation of the adult care has several interlinked projects designed to improve the whole of the adult social care service to meet these challenges now and in the future. The 'front door' describes the first point of contact for Wiltshire residents who need to access information, advice or support from adult care and is key for managing demand. The Multi-Agency Safeguarding Hub will be the single point of contact for all safeguarding concerns regarding adults in Wiltshire. It brings together professionals from services that have contact with adults and families, and makes the best possible use of their combined knowledge to keep adults safe from harm.

The purpose of this report is to inform the Health and Wellbeing Board on the development of the Multi-Agency Safeguarding Hub (MASH) and the redesign of services to safeguard vulnerable adults. The Multi-Agency Safeguarding Hub (MASH) is a service which builds upon existing partnership work in Wiltshire. It is designed to help professionals who are working with vulnerable people by providing them with a collated picture of the individual and family. It will involve different agencies working together in the same location and sharing information to provide a more coordinated, timely and proportionate response to welfare and safeguarding concerns.

The MASH includes the staff and team required to manage safeguarding referrals signposted via the front door or received by another means. The MASH team will gather information and identify any referrals that require an Adult Protection Investigation to commence under Section 42 of the Care Act 2014. The MASH team will lead and manage these investigations in accordance with the internal policies and procedures and engage with other relevant bodies and parties to gain the necessary evidence required.

### **Proposal(s)**

It is recommended that the Board:

- i) To note the progress on the development of the Adults Multi-Agency Safeguarding Hub

**Reason for Proposal**

To inform the Health and Wellbeing Board of the work by partners to develop a multi-agency safeguarding hub given its importance to all health and social care organisations with safeguarding responsibilities.

**Alison Elliott**  
**Interim Corporate Director**  
**Wiltshire Council**

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#### **Subject: Adults Multi-Agency Safeguarding Hub**

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#### **Purpose of Report**

1. To inform the Health and Wellbeing Board of the development of a Multi-Agency Safeguarding Hub.

#### **Background**

2. The concept of a Multi-Agency Safeguarding Hub (MASH) has been in existence for several years in Wiltshire. The importance of timely sharing of information to protect adults at risk is widely recognised. Over decades' numerous serious case reviews have pointed to a lack of information sharing between professionals as one of the key factors leading to failures of adult safeguarding.
3. The function of a MASH is to create an environment where sensitive information can be shared securely through the co-location of the 3 agencies; social care, the police and health. This allows professionals to access their own agency's information about an adult to facilitate effective information sharing and informed decision making at the earliest stage possible. The MASH will facilitate the ability to filter and signpost cases so that the investigation work load can be managed and vulnerable adults can be protected whilst also ensuring that the referrals that are assessed not to meet safeguarding thresholds are appropriately signposted elsewhere. This will be done by screening out at an early stage those allegations that do not warrant a formal statutory safeguarding investigation but instead could be dealt with by a partner organisation or through support from another part of adult social care.
4. In the last three years Wiltshire, has seen a significant increase in the number of safeguarding concerns reported to the Council. However, of the referrals to the Safeguarding Adult Team (SAT), only 17% are progressed to Early Strategy Meeting stage as most concerns are not found to be safeguarding issues. Furthermore, the number of recurrent referrals has increased in recent years and analysis shows there is inconsistency in the way cases are treated and investigated. (See section 3 below for a full analysis.)
5. Under the Care Act 2014 local authorities acquired new safeguarding duties giving Wiltshire Council a greater role in protecting adults at risk. Essentially this means that the Council must:
  - lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.

- make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
  - arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.
6. Locally we are meeting these requirements but since the implementation of the Act in 2015, teams and agencies have acquired a better understanding of how we can work together more effectively. Multi-agency safeguarding arrangements for adults are now being developed locally with health and police partners. These arrangements will help us deliver better outcomes for adults at risk of abuse and work toward preventative strategies with those adults. Before these changes are implemented there is a need to assess how the council's own safeguarding services are allowing the organisation to effectively and efficiently fulfil its duties. This review is part of the wider transformation of adult care services. The Council, as part of its wider plan for improving adult services and by ensuring that adults at risk of abuse are safeguarded, has an opportunity to:
- Do more to prevent people from experiencing harm, rather than treating the consequences of vulnerability and harm.
  - Ensure a greater number of people with care and support needs can live as independently as possible.
7. To do this our approach to safeguarding must enable the best possible decision making based on good quality evidence and appropriate consultation with partner agencies, the person at risk and their family. Standards must be consistent across the county and through excellence in service delivery allow us to improve outcomes for some of the most vulnerable people in our communities.
8. Current service delivery arrangements involve 17 teams and many more individuals in the process of handling enquiries and conducting safeguarding investigations. The complexity of the system in place increases the risk that we will fail in our duty to protect adults at risk of abuse and reduces our ability to ensure a consistent, high quality of customer focused service. In addition, there is a risk that with the ever-increasing number of safeguarding concerns being raised a high proportion of which when scrutinised do not require a formal safeguarding investigation the system will continue to deal with a significant number of inappropriate referrals. This ties up resources and prevents these being targeted to those most in need.
9. Referrals are received from the public, professionals in the care sector, health colleagues and from across public and voluntary sectors when it's suspected that:
- **an adult with care and support need is experiencing, or is at risk of, abuse and neglect,**
  - **and who, because of their care and support needs, is unable to protect themselves from abuse or neglect.**

Under the Care Act 2014, Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria above is, or is

at risk of, being abused or neglected. The following process, currently applies when the council is notified that it is suspected that abuse or neglect is taking place:

- Referrals are received by Customer Advisers who take details and record information on the CareFirst data system and send thee by the desk top to the Safeguarding Adults team who provided the triage service.
  - Referrals are then triaged by the Safeguarding Adults Team who assess whether the case meets criteria (set out under section 42 of the Care Act 2014) for the local authority to undertake further enquiries.
10. The team aim to do this within 24 hours of receiving the referral. However, the team may need to gather further information before a decision can be made as the initial referral may not contain this which can delay the decision-making process. Some investigations are started without going through the formal triage process by operational teams who identify the issues locally and proceed without sending these through to triage. There is a risk that the decision for these to go forward as formal section 42 enquiries is taken locally and not as part of a comprehensive central decision making process.
11. In the case that section 42 criteria are met the process then undertaken to investigate the reported concern or incident is as follows:

Triage – Four pathways may result from the initial triage process

- If further information is needed before a decision can be made advise on what is needed is sent to the operational team
  - If the concern is not to be investigated under a section 42 the team provide advice to the operational teams in the area the abuse occurred regarding what might be needed i.e. social care intervention etc.
  - The team determine what type of investigation will take place and which agencies need to be involved. Investigations will then be assigned an investigating manager and investigating officer from one of the 17 locality or specialist teams who will follow the safeguarding adult multi agency policy and procedures. The central safeguarding team have no further input into the investigation process ongoing.
  - The Safeguarding Adults Team will hold investigations where there is concern that large scale abuse or neglect is taking place or if the situation is extremely complex or politically sensitive. However, 95% of concerns raised are investigated by social workers in locality teams.
12. This process means that an individual(s) at the centre of an investigation will usually come into contact with a minimum of three separate council teams (customer services, safeguarding adults and the locality/specialist team) and at least four council officers. There is evidence that the methodology for

investigations varies from team to team with time frames and outcomes differing and a resulting lack of overall comprehensive approach to investigations.

13. Our vision is to provide a consistent comprehensive person centred, multi-agency approach to investigating any suspected incidents of abuse and neglect and to changing outcomes. Improvements to people's first experiences of asking for help will enable us to:
  - Ensure the most appropriate response is provided at the first opportunity
  - Ensure the customer receives a person-centred approach to their concerns from the start rather than more complex route and potentially more confusing response.
  - Robustly identify and respond to immediate and longer term risks to the individual.
  - Develop and maintain resilience within our communities by taking all opportunities to develop preventative strategies with the adult at risk.
  - Reduce dependence on resources, and ensure our skilled multi-agency resources are used more effectively
14. In 2015/16 4,566 referrals were made to the customer advice team by callers who suspected abuse or neglect had taken place or who wanted advice. A large proportion of these calls were made by concerned professionals reporting incidents (including unwitnessed falls or marks left when bandaging was removed) and did not meet the criteria for an investigation. After triage, only 993 of those referrals resulted in further investigation (early strategy actions) – 22%.
15. Over the last five years there has been significant increase in the number of concerns raised with the council's adult safeguarding team. As life expectancy continues to rise in the general population and in groups with complex, long term health conditions demand on wider social care is expected to continue to increase. As it does the number of adults at risk of abuse, with care and support needs, will increase. It is essential we are well prepared to ensure that groups of adults at greater risk are well protected and effectively safeguarded. A service that provides a multi-agency approach to safeguarding will provide a model that protects individuals, reduces duplication, is better able to identify trends in issues and proactively engage in a safeguarding prevention strategy.
16. There is now an opportunity to improve the service we provide to the most vulnerable people in our communities by:
  - **Improving the management of concerns raised.**
    - Improve outcomes through simplifying the delivery structure for safeguarding by increasing skills both for triaging at the front door and for the teams conducting investigations, conferences and reviews.
    - Provide more co-ordinated and effective multi-agency safeguarding services to protect adults at risk of abuse. This will mean having key partners such as the police and healthcare co-located and working alongside one another, under the lead of the Council team. Further input from partners such as Commissioners and mental health will be provided via a 'virtual' link.

- Work closely with the new front-door function, assisting in the correct triaging of concerns. Locating the MASH alongside the Front Door team will allow for immediate liaison with partners at all stages of the process.
  - **Improving the recruitment and retention of staff.**
    - Increase capacity in our locality and specialist (mental health and learning disability) teams by using staff time more efficiently. The time-consuming investigative work will be managed and carried out by the central MASH team, freeing up locality teams to manage 'business as usual' cases.
    - Reduce pressure on our wider adult care teams
    - Provide staff who conduct safeguarding investigations with the training and support they need to do their job effectively
  - **Increasing oversight of safeguarding investigations.**
    - Ensure there is consistency across Wiltshire and that safeguarding investigations are conducted to the same standard and with the same high degree of rigour regardless of where they take place.
    - Improve the audit and quality assurance of the service.
    - The MASH will maintain an overview of all safeguarding alerts and identify emerging concerns.
    - Maintain a focus on self-neglect and high-risk behaviours.
    - Promote effective multi-agency partnership to deliver successful prevention and support to adults at risk.
    - Raise the profile of safeguarding adults.
    - Better identify situations that require consideration of a Safeguarding Adults Review (SAR).
17. The Adult Social Care Transformation Board will recommend to Cabinet (7 November 2017) the development of a simplified system, that refines the customer pathway. It also offers assurance that local knowledge, relationships and geographical proximity will continue to make safeguarding operations effective. This will change the existing model by:
- The MASH will sit behind a more robust front door where all enquiries regarding adult social care are received. Putting in place a robust front door – giving call handlers the ability to take professionally informed decisions at an initial stage. Only those enquiries that appear to meet section 42 criteria are passed to the MASH. The Front Door Business Case contains the detail behind this.
  - The MASH will amalgamate the existing Safeguarding Adults Team (SAT) into a centralised MASH which will consist of investigation managers and professionals from health (such as district nursing, GP links etc.) and the police Safeguarding Adult Investigation Team (SAIT). Other partners such as public protection, the voluntary sector, probation, mental health, Health Watch Wiltshire etc. will be linked virtually.
  - Investigating officers will continue to be drawn from the existing locality teams but their safeguarding work will be managed by the central Investigation Managers (IM) team. All investigations will be overseen by the Investigation Manager based in the MASH.
  - A new role of Enquiry Officer will be created. This role will take on the time-consuming administrative tasks such as meeting coordination and following

up on information requests. The Enquiry Officer will be a skilled role with the ability to make some decisions where appropriate.

18. Advantages of a supported locality model:

**Consistency in service delivery and outcomes**

- A streamlined customer pathway that delivers a better service to those making an enquiry and those involved in, and at the centre of, an investigation (both professionals in the care sector and members of the public).
- Reduced risk relating to the many exchanges of information and responsibility that currently occurs. Being located together will enable organisations to instantly query and cross-check issues.
- A more streamlined model facilitates effective performance management and quality assurance to be realised

**More efficient use of staff time and skills**

- Training can more readily be comprehensively delivered to all Investigation Managers and Investigation Officers.
- Retention of local input and knowledge from the locality teams who provide the Investigation Officers
- Proximity of Investigation Officers to the place of investigation
- Social workers within locality team remain involved in safeguarding investigations – skills are retained and professional satisfaction maintained
- Investigation Managers can concentrate on increasing their knowledge, skills and expertise of safeguarding legislation and policy and applying this to their work.
- It would be possible for Investigation Managers to develop expertise in leading investigations for certain types of forms of abuse i.e. financial abuse, emotional abuse, neglect caused by poor care in a care setting etc.
- The aim is to hold as many safeguarding meetings as possible at County Hall which will use staff time more efficiently through reducing travel time. However, it is acknowledged that some meetings will take place elsewhere to meet customer and stakeholder needs.

**Next Steps**

Council staff with our partners will continue to refine the model with service users and cares.

The MASH and new safeguarding arrangement will be operational from May 2018.

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