

## **Systems Leadership – Local Vision**

### **Nottingham and Nottinghamshire County Council**

## **Case Study**

## **Systems Leadership – Local Vision Case Study:**

### **Nottingham and Nottinghamshire County Council: Information-sharing and outcomes for a Multi-Agency Safeguarding Hub (MASH)**

#### **Introduction**

Nottinghamshire County Council were initially selected as one of eight authorities to be involved in a systems leadership pilot project. The project revolved around how to get a MASH (Multi-agency safeguarding hub), involving many different parties across children's and adults' services, working effectively.

Creating the MASH was seen as ambitious and challenging from the start, involving partners from NHS commissioners and providers, the police, the fire service, the probation service, education and adult and children's social care. It was seen as an excellent example of partnership working, but was experiencing some difficulties in meeting targets and timescales, and it was therefore identified as an area where using systems leadership approaches could help achieve better outcomes.

The partners acknowledged the problems that were arising and committed to solving any issues in an open and honest way, with a keen focus on building on early successes. This commitment across the board was crucial in order to make change possible across systems.

The problems were initially identified in terms of barriers to information sharing and difficulties in meeting some aspects of information returns within agreed timescales. In a short project between February and May 2013, OPM therefore worked with Nottinghamshire County Council and its partner agencies to help to explore the systems pressures that needed to be addressed, and to help find ways forward.

#### **Background**

The MASH began operating in November 2012 and aimed to use improved information sharing between partner agencies to allow better and more timely decisions to be made about safeguarding thresholds and better signposting to other available services.

It aimed to provide a single point of contact for professionals and members of the public to report safeguarding concerns. For example, if a teacher believed that a pupil was being abused at home, or a doctor thought an elderly person was being neglected, they could report this directly to the MASH. Staff would then gather information from their own agencies and other sources, so that risks could be assessed and decisions made about the most appropriate intervention.

The launch of the MASH delivered some evident improvements, particularly for referrers who now receive a more consistent, professional response, with advice from social care professionals and feedback on the outcome of their concern. There was strong partner support within the MASH for the principles of safeguarding and for a multi-agency approach to delivery of services for Nottinghamshire.

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However some aspects of performance initially suffered after the launch. The number of enquiries to the MASH was higher than had been anticipated, and the MASH struggled to cope with demand. Processes for signposting or referral to alternative services were not fully effective from the outset, which meant enquiries were not swiftly being allocated if they did not meet the threshold. Assessment teams were struggling to complete initial and core assessments within required timescales, and the work being passed from the MASH to social work assessment teams was not always satisfactory.

One contributing factor was seen as information sharing and this impacted on the ability of social work assessment teams to respond to safeguarding concerns in a timely manner.

## **What happened**

OPM started by holding a series of scoping interviews with MASH staff and partners, which revealed a number of systems challenges. What emerged, however, was that initial individual explanations for the problems were too narrow and simplistic, and a deeper process of enquiry and reflection was needed, in order to build understanding and find new ways of working.

The key issues that emerged from the initial investigation were:

Ability of staff to access health information systems

Pressure of timescales

Capacity of teams to deal with large numbers of enquiries

Lack of automated business support processes

Lack of holistic and shared working

Team working and integration.

At the same time, there was a real commitment to making the MASH work and to working together to improve things. In particular, it was acknowledged that because the pressures that all the staff were under, it had been hard to facilitate the learning conversations and reflections on practice which would allow the real value of being a multi-disciplinary team to be harnessed.

A series of systems issues therefore emerged:

- Balancing comprehensive information sharing and making a decision quickly so that assessment teams can start work
- Understanding and agreeing the information that actually makes a difference to the decision - ensuring that the professional judgement brings together the learning from different MASH partners without slowing things down
- Balancing the need for an auditable information sharing process while encouraging learning and exchange within a multi-disciplinary team.

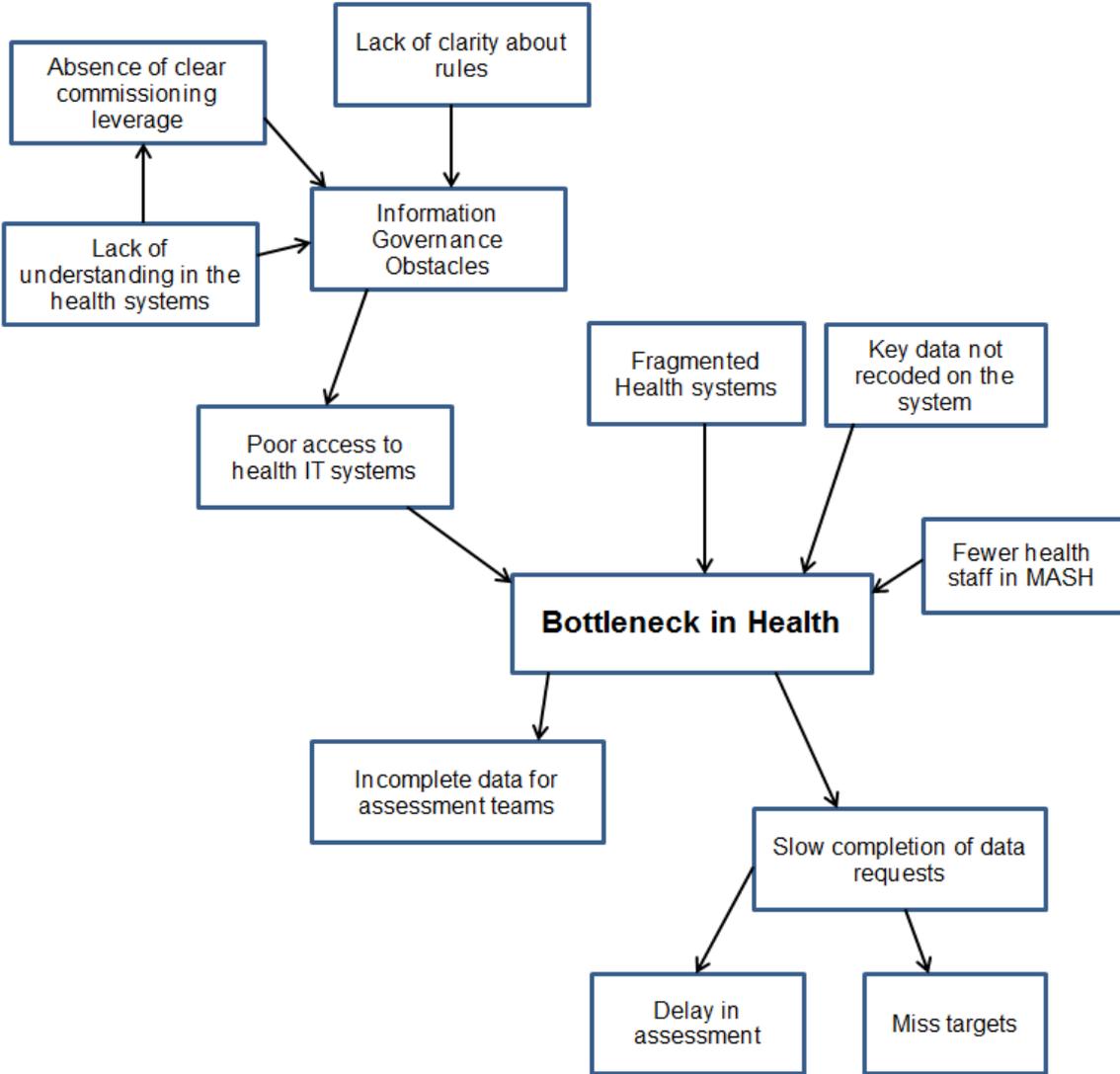
## **Working on the issues**

The MASH represented a complex system, which looked different from the perspective of each of the key players, and the participating organisations. Both the 'story' of the problem and the preferred solution differed in each of the teams, and almost everyone to whom OPM spoke had a different starting point.

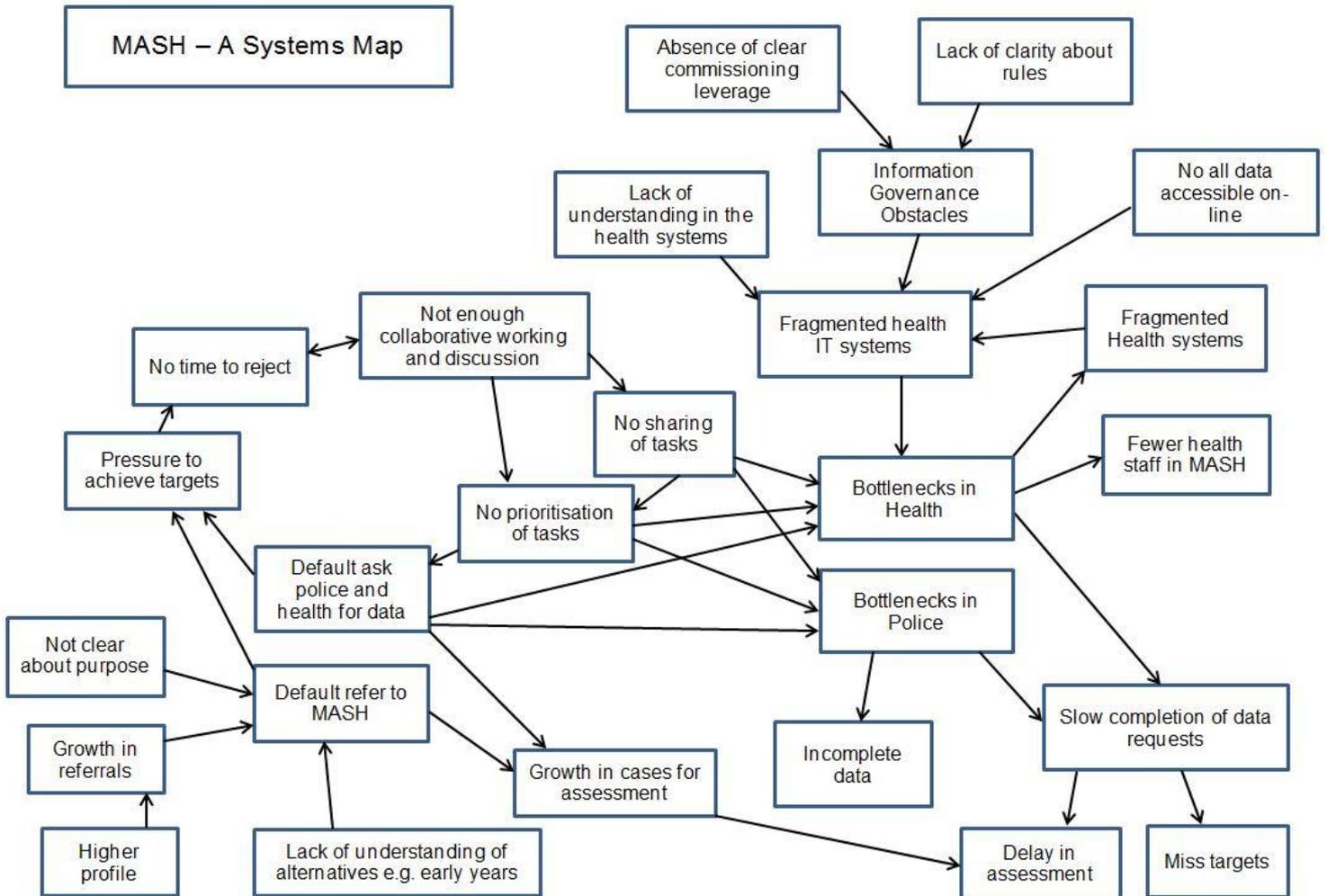
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All of these perspectives were accurate, but partial. A crucial role that could be played by an external facilitator, was therefore to 'help the system to see itself' - and to bring together these different perspectives, so that participants could see that there were a number of parallel challenges and potential solutions. These were both operational and strategic and within the MASH and outside the department. Process, team working and resources changes could solve some of the identified problems but there were wider systems issues that that needed to be addressed. In order to illustrate this and the different points where intervention for improvement could be made OPM created a map of the system showing how and why certain problems were continuing to occur. At the same time, they contacted other MASHs to identify other tactics that had been employed to reduce pressures. The resultant maps are shown below.

**Systems Map 1: The system map below shows the initial perceptions of the systems problems:**



**Systems Map 2: This systems map shows the more complex picture that emerged, with many areas of the system needing attention:**



In order to work through the systems issues, and create space for the MASH team to think together and understand each others' pressures and priorities, OPM held a workshop with the MASH to review and reflect on the decision-making and information-sharing process. Attendees included representatives from all but one of the agencies involved (one was unable to attend).

The group worked through complex case studies as a team, to identify how teams might share information, prioritise and add more value at different stages of the process.

As a result, they were better able to understand and explore the systems tensions intrinsic to the MASH. Finding solutions and improvements that the team could implement themselves was crucial, as this built confidence within the team and in their expertise and ability to improve safeguarding outcomes.

A broad range of areas were identified for further focus and attention. In these areas, work which is still underway was put in place to improve processes.

### **Systems leadership: involving stakeholders and building consensus**

A key element contributing to the success of the MASH was systems leadership and the need for all leaders from key partners to invest their leadership in the project. Alongside the workshop described above, the Chief Executive of the County Council invited these leaders to a parallel event to present the systems map and the findings from the information-sharing project.

The session was also used to build consensus among partner agencies about the importance of the MASH and to clarify the principal purpose of the MASH and what this means for partner involvement in the process. We had learnt that one element of the system problem was that different organisations held different views about the most important aspects of the MASH's role and so a crucial element of system leadership was to bring together the key partner agencies and clarify a shared narrative and identity for the MASH.

It was important to develop a consensus among partner organisations around the aims and objectives of the MASH. It was acknowledged that the MASH was attempting something new which could feel risky to some organisations and specific staff members. Creating a clear understanding about who would be accessing information and why was therefore crucial. This included building trust in the expertise of staff who worked in the MASH to be able to judge proportionality and recalibrate judgements as needed.

Leaders agreed that there should be a set of principles to which partner agencies could sign up, which included an agreement about supporting each other through any organisational risks that the MASH might create. It was also agreed that a governance structure and process would be created to protect partner organisations and clarify the decision-making process. This would include clear identification of stakeholders so that work could be progressed.

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## **Interventions and outcomes**

The system leaders and staff in the MASH used their shared learning to make a series of changes to the way they worked and to their relationships with each other. These have already had a series of practical outcomes:

### **Increased staff numbers**

Business cases were created, and accepted, for increased staff in both police and health teams to increase capacity. This capacity for health is already in place and means that health is now far more able to meet the targets, and similar increases are planned in police.

Improved conversations took place between staff from health, social care and the police.

Adult Social Care have commented in particular that greater levels of discussion with police colleagues has resulted in better shared understanding and decision-making.

### **Changes in prioritisation criteria**

It was agreed that the MASH would focus initially on enquiries that had been RAG-rated either red or orange. For those rated green, decisions would be made solely by social workers. Choosing to be more selective as to which enquiries were passed for information sharing relieved pressure on the system. There is on-going discussion about whether it would be better to focus information sharing on red and orange (where the risk was perceived to be highest) or on orange and green enquiries (where it may be more likely that partner information would change a decision or add value to the process).

### **Increased access to GP systems**

Through negotiation with information governance leads and Caldicott Guardians, increased access to SystemOne was agreed. This allowed health staff to have greater access to information about patients in primary and community care, which in turn significantly improved the ability to meet timescales for assessment. However since clinical details were often not recorded, speaking to clinicians was still an important aspect of the information-gathering process. These changes, together with an increased capacity, helped health staff to respond to enquiries more quickly.

### **A new initiative to improve access to early years support**

It is intended that the planned implementation of an Early Help Access Hub will significantly improve hand-off processes between social care and Early Help.

### **Commitment from partner agencies to principals and importance of the MASH**

By rearticulating the principals of the MASH to senior stakeholders and thereby emphasising the importance of the MASH working effectively for all involved; it has been possible to reinvigorate the commitment to the MASH from partner agencies and draw up guiding principles for partnership working in the MASH. This has been prompted by a shared understanding of the risks that all organisations faced regarding safeguarding performance and a frank discussion about the balance of risk between inappropriate or disproportionate information-sharing and ensuring that effective safeguarding procedures were in place.

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## **Future actions**

A number of actions (both internal and external to the project) have already been agreed by lead stakeholders and staff within the MASH. These are summarised as follows:

- The governance framework should be redrawn to clarify decision making meetings and sub committees for specific work-streams
- Further work should be undertaken on the practicalities and legal framework of information sharing
- Continued work should be undertaken to reflect on internal processes within the MASH to increase learning and refine how the team work
- learning from the project should contribute to national discussions about the challenges of information sharing between agencies
- The principles describing the purpose and operation of the MASH should be revisited as part of reconfirming commitment and sign up from leaders from all involved agencies

## **Learning about systems leadership**

The project has contributed learning about a number of key aspects of systems leadership.

1) In a large multi-disciplinary team, it is often easier to talk openly to an independent facilitator about their feelings, concerns and frustrations, than to each other. We were constantly aware that we had been given a much 'stronger' version of each organisation's story than they had been willing to tell each other. Some members of the MASH felt that they had tried hard to convey their views, but were not always listened to, or felt that those they were able to talk to did not always have the power to make things happen,

One of our most important roles was therefore to bring people together in a range of ways at different levels of seniority, and to create comfortable and safe spaces in which people could tell each other about their concerns and worries without any sense of blame or acrimony. Creating a sense that it was 'OK', indeed expected, for things to go wrong in the early stages, and that this wasn't anyone's fault but was part of the human experience of trying to run new systems – made it easier to open up and describe system problems.

2) It was vital to have a shared vision about direction and a shared focus on the vulnerable adults and children that depended on the service, sharing learning and insights widely rather than just 'operating the system'.

3) There is a danger in a complex system of continuing to maintain functional boundaries for each professional group and simply combining them into a shared process – like parts of a computer. The MASH team is beginning to draw on the full capability of a multi-disciplinary team to learn from each other, and to make better judgements based on that fuller learning. Making time to reflect together, and understand how different professionals thought about each case, and what learning they could bring, began to create learning which could be transferred from the MASH and shared more widely across organisational boundaries.

4) It was very important to explore and be curious about differences and problems, rather than try to impose a consensus. The process of inquiry enabled partners to feel heard and to develop a way of accommodating tensions, rather than trying to explain them away. The partnership is learning to manage the different priorities and pressures of each organisation, and not to impose the priorities of any one partner. It may mean living with a certain degree

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of ambiguity, and understanding that within a shared set of outcomes, some are of more or less importance to each partner.

5) It helps to explore directly what each partner is concerned about or frightened of – and ensuring that each partner can meet the requirements of different regulatory regimes, and different accountabilities.

6) Senior 'system leaders' recognised the need for 'give and take' to allow other agencies to meet their goals, but it was harder for more operational staff to make judgements about when to adapt and compromise. Systems leaders need to share their understanding of longer term objectives and give permission for solutions to be created flexibly as problems arose.

7) Even though there was agreement about narrative and purpose at the beginning, it was important, once the MASH was up and running, for system leaders to work together to review this, both to learn from what was happening and to create a renewed sense of vision and galvanising commitment. The conversation with systems leaders about the different 'purposes' of the MASH led to a really helpful shared approach, and the beginning of a real consensus about what mattered most.

8) Multi-disciplinary working didn't involve everyone doing things together, but building a shared understanding of how and why judgements were being made by other professionals, and creating confidence and trust in the skills and competence of each other.

9) The system leadership didn't simply involve one leader from each organisation, but involved all those that had a leadership role within each organisation – including senior clinicians, information governance leads, and a range of senior managers. The system community that needed to buy-in to the purpose and approach of the MASH was probably nearer 50 people.

10) Colleagues across the partnership approached the implications of shared working differently. These approaches differed not just across organisations but across different job roles. This depended in part on engagement with stakeholders, for example the large collection of health organisations meant that some only began to grasp the full information sharing implications of the MASH model at a later stage. Colleagues within, and across organisations also had differing approaches to risk which meant securing buy in from some key stakeholders proved more challenging. This again, is not surprising, since different organisations and people are more or less central to the process – but it suggests a process of re-iteration, confidence building and communication over a long period.

11) Finally, the system does not stop at the edges of the county. The system includes central government departments, and the guidance they offer to agencies on the ground, it includes commissioners at all stages in the process, ministers and others who shape the operating environment. True systems change also needs a shift towards more collaborative working and information sharing across government as well as in each locality.

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