NHS
Cornwall and Isles of Scilly

10th July 2024

Integrated Care Board
Office of the Clinical Executive
Chy Trevail
Beacon Technology Park
Bodmin
PL31 2FR

Mr Andrew Cox
Senior Coroner for the County of Cornwall
The New Lodge
Newquay Road
Penmount, Truro
TR4 9AA

Dear Mr Cox,

Sally Poynton regulation 28 report

I am writing in response to the regulation 28 report to prevent future deaths following the inquest into the tragic death of Sally Poynton.

The ICB have actively participated in the domestic homicide review in relation to Sally's death. Two of our staff members have met Sallys family during DHR panel meetings, where we expressed our sincere condolences for their loss and for what happened to her family and partner. We acknowledge that Sally's death may have been prevented if several things had been done differently. This includes participation by general practice in the adult multi agency safeguarding hub (MASH) in Cornwall; as identified in your regulation 28 report.

The ICB have considered the findings in your report;

'*The inquest was told that there are now regular Multi Agency Safeguarding Hubs (MASH) where patients who may be known to both the mental health service and adult safeguarding are discussed. It struck me that there may be value in someone from the ICB attending MASH meetings on behalf of GPs in Cornwall. That individual could then feed back information to the surgery where a patient was registered.'*

The ICB has taken this matter seriously and the executive leadership of the ICB were presented with a paper in a formal executive group meeting. The paper provided an analysis of this issue and a proposal for how it should be addressed. The meeting took place on the 8 July 2024 and supported the proposal; which is described in this letter.

On behalf of the organisation, I provide below a reply to the specific request in your report; whether the ICB believes that such an initiative would be helpful. This includes a description of the current barriers to general practice attending the MASH.

The ICB already recognised the need to address this issue. It is included in safeguarding team's work plan. Enabling people to receive appropriate safeguarding support delivered by teams working together is a priority in our joint forward plan.

Prior to confirming our plan to address this issue, I have provided some background information, which we hope will be helpful in setting out the reasons behind our response.

The adult MASH in Cornwall takes place shortly after an adult safeguarding referral is received by the adult social care safeguarding service in Cornwall Council. The MASH meeting brings together key agencies to share information, assess the initial risk, plan the next steps and decide what actions that are required. The MASH is led by Cornwall Council adult safeguarding service.

The adult MASH is currently operating as follows. There is a MASH meeting daily. The MASH reviews some referrals that been received by adult social care in the last one or two working days. The MASH does not review all referrals but reviews those of high risk or high concern. It also reviews some cases which are identified as progressing to a Section 42 enquiry.

A s42 enquiry is the statutory process that the local authority must follow when there is reasonable cause for concern that an adult with care needs is experiencing abuse. The local authority may undertake s42 enquirers themselves or they can cause other agencies to do so. Many s42 enquiries require input from multiple agencies. Therefore, one of the purposes of the MASH is to decide if a s42 enquiry is needed and plan how agencies will work together to deliver this.

At present general practice is not represented in these MASH discussions. However, if the referral proceeds to a s42 enquiry, the GP practice will be included, where appropriate, as part of that plan including being invited to any meetings. This goes some way towards mitigation of the gap in the MASH in that when a safeguarding need is confirmed via the MASH, the GP practice is then included in the delivery of the safeguarding plan.

Therefore, there is GP practice involvement in adult safeguarding enquiries. However, as identified in the regulation 28 report, there is a gap in GP practice input in the early discussions that take place during the adult MASH.

The reason that general practice is not currently represented in the MASH is because of the way the MASH is conducted. A MASH is held as a series of conversations about a series of people. These people may be receiving services from one or more organisations across Cornwall. It would not be practical for to ask individual workers from all the organisations to attend for the one or two people they are supporting in the few hours after a referral was received. Therefore, it is common and accepted practice in any MASH that each agency sends one representative who will share information on behalf of the agency. They will also feedback to individual workers and update record systems.

Such arrangements work well for large organisations that provide services for one sector, such as hospital trust or the police.

It is not so straightforward for GP practices, for the reasons described above. It could not be practically arranged for each practice to join at a point when the conversation moves to the person registered at their practice.

Another reason that general practice is not represented at the MASH is that for some people, adult social care can not immediately identify the GP practice that a person is registered with. There is a way that this can be done, using SMART card access to the NHS spine. Adult Social Care do not have access to a SMART card. They are able to establish the identity of practice by sending an e-mail to Primary Care Support England (PCSE). However, it may take a few days to receive a reply.

The adult MASH gap is already known to the ICB and we are aware that this gap affects five other safeguarding processes in Cornwall. These are;

- children's multi agency referral unit,
- prevent and channel panel
- multi agency risk assessment conferences (for domestic abuse)
- Missing and childhood exploitation panels
- Multi agency public protection arrangements

To summarise the issues

1. There is no person identified that is able to represent general practice at the adult MASH. It is not practical for each general practice to be represented for each individual. This affects other processes

2. There is no person identified that is able to directly access GP records to provide information to inform the adult MASH.

3. Adult social care cannot consistently and quickly identify the identity of the GP practice to advise the GP practise that the MASH is taking place.

The ICB executive group reviewed this information and considered if the ICB could attend the MASH on behalf of general practice.

We agree that it is likely that the existence of such a role could help with information sharing and a provide a more effective assessment of risk. In order to fulfil this role safely, and GP MASH representative would need to have access to the GP records along with appropriate clinical supervision and support.

The provision of such a role would be outside of the legislative functions of ICBs as set out in the Health and Care Act 2022. The Act establishes ICBs as NHS organisations responsible for planning health services for their local population. ICBs manage the NHS budget for their local area and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to a wider integrated care strategy. ICBs are strategic rather than patient facing organisations.

National guidance encourages ICBs to delegate some of their resources and responsibilities to place-based partnerships; recognising the fact that much of the work needed to integrate services, improve population health and tackle inequalities needs to happen at a more local scale. The provision of person to liaise between general practice and the MASH comes under this remit of a placed based provision. It is better for the person if the operational delivery of safeguarding responses take place at a local level as part of a wider multi disciplinary team that can work together to support the individual.

In Cornwall and the Isles of Scilly, there are three place-based partnerships, known as integrated care areas; which are central, north and east. Each area is made of up primary care

networks (PCNs) . PCNs are general practices working together in their areas in groups of practices with health, community, mental health, social care, and voluntary services.

Each of the PCNs across Cornwall and the Isles of Scilly are based on GP registered patient lists. They serve communities of 30,000 to 50,000 people. PCNs are small enough to provide the personal care valued by both people and GPs. They are also large enough to have impact and economies of scale through better collaboration between GP practices and others in the local health and social care system areas.

Our ICAs are connected to our ICB through placed based directors who are responsible for improving services in the local ICA. Their role is to lead the collaboration to achieve effective patient responses at scale, where appropriate. They also bring together the wider multi disciplinary teams. These multi disciplinary teams are best placed to provide a safeguarding response to people affected by abuse. It is therefore sensible that any function that provides the link with the MASH and general practice should be closely connected to these multi disciplinary teams.

We therefore believe that the development of a solution to this problem would be most effectively progressed in our place-based partnerships, rather than being hosted in the ICB which is more distant from those multi disciplinary teams. It is also our view that the matter of adult MASH should not be addressed in isolation and should include the other safeguarding processes affected. To address these as a whole will involve consultation with the ICAs, PCNs, adult social care, children's social and other stakeholders to make sure we reach an appropriate solution.

We recognise our strategic responsibility to convene partners to tackle this issue and to provide safeguarding expertise and support to our place-based partnerships. It is our responsibility to work with our place-based partnerships and other stakeholder to develop a solution that meets the needs of people experiencing abuse. Should the solution identify that any new posts are required, then these would need to be funded. NHS England has set their expectations for ICBs not to spend over and above their allocated funding for the area. This expectation means we need to progress and funding requests though a system process. Decisions are made in partnership with key stakeholders and are therefore not solely within the control of the ICB. We do take this matter extremely seriously and therefore would support any business case for a solution to be considered as part of our system decision making process.

As I explained earlier in the letter, these actions had already been included in our future plans. Progress has been affected by our ICB redesign. NHS England required all ICBs to make a 30% reduction to running costs by 2025/6 with 20% to be delivered by 2024/2025. Cornwall and Isles of Scilly ICB took this opportunity to redesign our functions, including how we work with our place-based partnerships. This was so that are fit for the future and able to meet the requirements of the Health and Care Act 2022. The redesign resulted in the development of a new structure with new posts of place directors. The place directors are the connection between the ICB, ICAs and PCNs. These posts are critical to the effective progression of this issue and needed to be recruited to prior to commencing this work. All these posts have been recently filled and we are now in a position to take this forward

In summary our ICB actions are;

Our chief nursing officer and head of nursing will work with the place-based directors to implement develop one or more options of how to address the GP gap in the six safeguarding processes, including the adult MASH.

1. The ICB will lead and support a consultation with general practice and other stakeholders on the options.

2. The options will be presented to our ICB executive group.

3. If any funding is required to implement the options, then a business case will be prepared and presented along with other business cases for our system during the annual commissioning planning rounds, at the end of 2024.

4. We appreciate that this does not provide an immediate solution but believe that the wider consultation is necessary to develop options that will work in practice. It will also give us the option to explore any digital solutions. There is some mitigation in that general practice are included in any section 42 enquiries, after the MASH.

I hope this provides the information you need as a response to the regulation 28 report, and please do not hesitate to contact me if you need any more information.

Yours sincerely

[redacted]
Chief Nursing Officer/Chief Operating Officer
NHS Cornwall & IoS Integrated Care board