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Safeguarding Adults and Children

1. National context and evidence base

This service is designed to provide support to GP practices to enable them to fulfil their professional obligation to assist with safeguarding investigations for both adults and children and provide reports for safeguarding conferences.

Local Authorities have overarching responsibility for the safeguarding of all children, and adults with care and support needs in their area. They have a number of statutory functions under the 1989 and 2004 Children Act, and the Care Act 2014 which include specific duties in relation to children in need and children and adults with care and support needs suffering, or likely to suffer, significant harm.

Whilst Local Authorities play a lead role, safeguarding all children, and adults with care and support needs and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. Within the Children Act 1989 and 2004, and the Care Act 2014, the statutory duty is described for all relevant agencies who are required to co-operate with local authorities to promote the well-being of children, and adults with care and support needs in each local authority area. This service seeks to strengthen the co-operation that exist between Partner organisations.

In addition to national context, there is a London Multi-Agency Safeguarding Data Sharing Agreement for Safeguarding and Promoting the Welfare of Children and set of procedures⁶⁵

Professionals working within agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with their statutory duties. The agencies include all GP surgeries and Out of Hours providers, and the professionals include all GPs and the wider professional workforce.

No part of this ES specification by commission, omission or implication defines or redefines essential or additional services.

This specification aims to provide financial recompense for the time required to support Child Protection Case Conference and for an Adult Safeguarding Enquiries. Practices and PCNs will be encouraged to develop their safeguarding infrastructure and processes to enable the delivery of suitable high-quality reports for consideration at Child Protection Case Conference and for an Adult Safeguarding Enquiry. This Enhanced Service reflects the additional work that the Practice will need to undertake to support the case reviews.

2. Aims and objectives of service

This service aims to support the ongoing development and maintenance of more robust arrangements in General Practice to Safeguard Children in line with Working Together to Safeguard Children and GMC Good Practice guideline, and in a manner consistent with Good Practice in Adult Safeguarding as referenced in the Royal College of General Physicians Adult Safeguarding Toolkit (2017), including:

- Raising awareness of statutory and legal requirements of Child and Adult Safeguarding legislations
- Supporting PCNs and practices to meet the standards set out in the Specification.
- Provide level of assurance in respect of arrangements for safeguarding children, young people and children looked after, and adults with care and support needs in primary care general practice.
- Supporting practices to provide high quality reports to Local Authority partners for information related to safeguarding issues linked to patients registered with the Practice.

3. Service Description/Care Pathway

If a request for information is made by the Local Authority to a GP Practice to assist with a Child Protection Enquiry (s47) or

⁶⁵ https://www.londonsafeguardingchildrenprocedures.co.uk/index.html

provide a Child Protection Case Conference report or an Adult Protection Enquiry (s42) or provide a report for Conference, it is a statutory duty to share this information; this Enhanced Service is designed to support the Practice achieve this requirement.

All requests for Safeguarding information for both adults and children, including Case Conference reports must be recorded, even if no information is shared by the Practice. An explanation of why no information was shared should be recorded.

Pre-requisites to sign-up

The pre-requisites for this enhanced service are set out below, practices will be requested to confirm the requisites below are in place prior to sign up:

- Practice has an identified Named lead and Deputy safeguarding lead for adults and children. (The Child and Adult Safeguarding Leads and any deputy Leads should be GPs or other clinicians trained to level 3, as per 'Safeguarding children and young people: roles and competences for health care staff Intercollegiate document'.
- Practices to keep a register of all patients who are on a Child Protection Plan, Child in Need Plan (where notified) or are Looked After Children, or on an Adult Safeguarding Plan or if the surgery is aware that they are experiencing domestic abuse. Practices should keep this register updated at all times, including the outcome of any Practice/multiagency/professional meetings and the date for the next meeting.⁶⁶
- Complete audits requests (e.g. biennial section 11 audit (as and when requested by NHS North West London through an approved reporting audit)

Child Protection Conference

- A claim can be made for each case conference where
 - o Child Protection Report is submitted within the requested timeframe
 - Attended the case conference if requested by the Chair
 - A minimum data set (template to be available on SystmOne and EMIS) to be completed for each case for the purpose of quality assurance, timeliness and payment.
 - \circ \quad There can only be one claim made for each case conference.
- A "Case Conference Report" to be completed in accordance with the following guidance:
 - The wording on the report must be in a legible form that can be understood by non-medical professionals and the parents.
 - Include information about any medical problems (including mental health concerns, alcohol/drug misuse and reported domestic abuse) or other information that is relevant for safeguarding for each parent of a child named in the conference and each adult in the household of children named at the conference who is registered at the surgery. Do not put the children's medical information on this form.
 - \circ ~ Please include an explanation of why these problems are relevant for safeguarding.
 - Information from the parents or adults in the household's records that is not relevant for safeguarding should not be sent as per the Data Protection Act (Principle 3).
 - The parents / adults should be informed that their medical information will be shared with the case conference, even if they do not agree or consent, as per the "Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers". If appropriate and safe, parents / adults should be given opportunity to view what information will be shared. This is reinforced by the London agreed safeguarding procedure for information sharing⁶⁷
 - Any other information relevant to the case review.

Adult Safeguarding Enquiry

⁶⁶ NWL is not descriptive on how practices meet the pre-requisites, not to disadvantages any particular local configurations. Some guidance is available via RCGP e.g.

https://elearning.rcgp.org.uk/pluginfile.php/170659/mod_book/chapter/376/RCGP-Safeguarding-Coding-Information-June-2017.pdf

⁶⁷ http://londonsafeguardingchildrenprocedures.co.uk/info_sharing.html

- A claim can be made for each adult safeguarding enquiry where
 - Adult Safeguarding Report is submitted within the requested timeframe
 - A minimum data set (template to be available on SystmOne and EMIS) must be completed for each case for the purpose of quality assurance, timeliness and payment.
- The wording on the report to be in a form that may be understood by non-medical professionals and the patient.
- The patient should be contacted where they have capacity and an offer made via letter or phone call for them to review the Report in advance of it being sent to the Adult Safeguarding Team, unless this would be felt to increase the risk to the adult or affect any possible criminal investigations.
- Provide any other information which may assist Partner organisation with the case review

Interdependence with other services/providers

• It is best Practice for the GP who has written the report to liaise with the chair and/or the allocated social care worker of the case conference or adult safeguarding enquiry to discuss the report in advance of the conference, unless they will be attending the conference, however this will not form part of the payment and may not always be possible.

It is the PCN responsibility is to submit a claim form on behalf of practices declaring number of reports completed. Audit

- Practices to confirm the pre-requisites requirements have been met
- Learning from case reviews to be shared with GP practices to aid training and development
- In the event where reports are not to the expected standard or meet timelines for submission, payment may be withheld for the identified reports.

4. Any Acceptance and exclusion criteria and thresholds

Acceptance criteria:

- Any request for a child protection case report by a Local Authority including follow-up clarification requests.
- Any request for an Adult Safeguarding report from the Local Authority Adult Safeguarding Team, including follow-up clarifications requests

Exclusion:

 If a duplicate request is made (same member from same family) within a reasonable timeframe (1/month 6 weeks), the Local Authority should be referred to the information they already have. Records should be reviewed and any relevant additional safeguarding information shared if applicable.

5. Training, Skills and Experience

Each Practice should have a nominated Child Safeguarding Lead and Adult Safeguarding Lead with deputy Leads as appropriate to promote this work, as referenced in 'Working Together to Safeguard Children 2018', RCGP Adult Safeguarding Toolkit and RCGP Child Safeguarding Toolkit.

The Child and Adult Safeguarding Leads and any deputy Leads should be GPs or other clinicians trained to level 3, as per 'Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document. 3rd Edition and <u>RCGP Adult Safeguarding Toolkit</u>.

APPENDIX I - CONTRACTUAL REQUIREMENTS

| SAFEGUARDING | | | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| Unit Price | Activity A payment of £49.35 per "Child Protection Case Conference Report" or "Adult Safeguarding Report" as requested by the Local Authority with the MDS template completed. Please note that only one claim can be made for a child protection case conference report, regardless of the number of siblings included in the report. | | | | |
| Service Type | Episodic | No Pop-Up | | | |
| Referral Criteria | Acceptance: Any request for a Child Protection Case Conference report by a Local Authority, Acceptance: Any request for an Adult Safeguarding report from the Local Authority Adult Safeguarding Team | | | | |

| CODING NECESSARY FOR PAYMENT | | | | |
|------------------------------|---------------------|------------------------------------------|--|--|
| Ref. | Description | SNOMED Code | | |
| SG01 | Safeguarding report | Safeguarding Report (909021000000108) | | |

PAYMENT/KPI RULES

To Achieve Payment for Safeguarding Reporting

- Has SNOMED code of Safeguarding Report (909021000000108)
- PCN will be required to submit claim form, this is because the ICB is not able to distinguish, through the clinical system reporting, whether the template was completed for an individual child or for siblings.