# Safeguarding Locally Enhance Service (LES) for BSW Primary Care Networks (PCNs)

1. **Service Specifications**

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| **Service Specification No.** |  |
| **Service** | Safeguarding GP Locally Enhanced Service |
| **Commissioner Lead** | X Clinical Commissioning Group Named GP |
| **Provider Lead** | Safeguarding Lead  |
| **Period** | 1 April 2021 – 31 March 2022 |
| **Date of Review** | Qtrs 3 & 4 2021/22 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

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 Acts, 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, regardless of where they are found.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’s Acts 1989 and 2004, and the Care Act 2014, the statutory duty is described of 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 co-operation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. 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 OOH providers, and the professionals include all GPs and practice nurses. This Enhanced Service is to enable Practices to develop their safeguarding infrastructure and processes in order to provide all relevant information in a high-quality format from the GP Practice to the Child Protection Case Conference and to the Adult Safeguarding Enquiry. Clear effective communication and sharing of information regarding safeguarding is a professional statutory duty of all disciplines. This Enhanced Service reflects the additional work that the Practice will need to do in order to set up this communication. This payment is a supportive payment intended to increase the number and quality of reports. This Safeguarding LES is for PCNs to adopt. If adopted by the PCN, then all member GP surgeries with a separate GP contract will be able to claim through this LES.  |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

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| **Domain 1** | **Preventing people from dying prematurely** | **Y** |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **Y** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** | **Y** |
| **Domain 4** | **Ensuring people have a positive experience of care** | **Y** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **Y** |

**2.2 Local defined outcomes**To ensure that GP’s fully engage with their safeguarding responsibilities:1. To aim to return high quality information to 100% of Child Protection Case Conferences
2. To aim to return high quality information to 100% of Adult Safeguarding Enquiries
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| **3. Scope** |
| **3.1 Aims and objectives of service*** To ensure that all relevant information is submitted by GP’s in a timely fashion to the child protection case conferences and adult safeguarding enquiries in the form of a report.

**Financial Details:** Payments are subject to receipt of the Practice confirmation, in writing, of their intention to provide this Locally Enhanced Service. Payment will be made gross of employer’s superannuation contributions* A payment of £40 per “Child Case Conference Report” (Appendix 1) submitted for the case conference will be made, where all relevant information has been submitted as detailed in this service specification.
* A payment of £40 per Adult Safeguarding Report (Appendix 2) submitted on request by the Adult Safeguarding Team at the council.

**Claims**:Practices should claim using the claim form provided (Appendix 3) on a quarterly basis by the 14th of the following month, or nearest working day PRIOR to that date if the 14th falls on a weekend or bank holiday. Claims should be sent to the CCG for approval prior to payment. **Should there be a quarter where no reports have been requested from the practice then this must be indicated on the quarterly report, by placing a “0” in the relevant column for the component.****Service description/care pathway:*** **If a request for information is made of a GP Practice for information for a Child Protection Case Conference or Adult Safeguarding Section 42(2) Enquiry, it is a statutory duty to share this information; this Enhanced Service is designed to support the Practice achieve this requirement.**
* **All case conferences and adult safeguarding enquiries for which information has been requested must be entered onto the quarterly return under the report requested column, even if no information was then shared by the Practice. An explanation of why no information was shared must be entered.**
	+ 1. **Child Protection Case Conference**
* A claim can be made for each case conference where all the relevant information was shared to the case conference.
* **One “Case Conference Report” (appendix 1) per Child Protection Case conference to be completed** in accordance with the following guidance:
* The wording on the report must be in a form that can be understood by non-medical professionals and the parents.
* In section 4, please include information about any medical problems or other information that are 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.
* Please include a brief 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 don’t agree or consent, as per the “Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers”.  (Link provided below 4.3)
	+ 1. **Adult Safeguarding Enquiry**
* **Where a report is requested by the Adult Safeguarding Team at the council, an Adult Safeguarding Report should be submitted (appendix 2)**
* The wording on the report must be in a form that can 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 read through the Adult Safeguarding 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.
* Information submitted may be audited by the CCG on quality assurance visits.

**3.2 Population covered*** The child (under 18 years of age), population of BSW
* The adult population with care and support needs, population of BSW

**3.3 Any acceptance and exclusion criteria and thresholds*** Acceptance: Any request for information for a child protection case conference by a council.
* Acceptance: Any request for an Adult Safeguarding report from the Adult Safeguarding Team

**3.4 Interdependence with other services/providers*** It is best Practice for the GP who has written the report to liaise with the chair 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.

**3.5 Reporting accompanying information*** Primary Care Network to put in place a Safeguarding Representative for the group. This person would ideally be a current or past GP practice Safeguarding Lead. The Safeguarding Representative could potentially be invited to attend safeguarding meetings and would be a point of contact with the CCG. This person would not carry clinical responsibility for cases – this would remain with consulting GP or Practice Safeguarding Lead.
* Practice to make a quarterly statement confirming the name of the PCN Safeguarding representative with contact details.
* Each practice to make a quarterly statement\* confirming the percentage of staff that have completed the correct level of safeguarding training for levels 2 and 3, as per ‘Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document. 3rd Edition and “Adult Safeguarding: Roles and Competencies for Health Care Staff”. \*The way that this statement is made may vary in each locality.

<https://fflm.ac.uk/publications/safeguarding-children-and-young-people-roles-and-competences-for-health-care-staffintercollegiate-document-3rd-edition/> https://www.rcn.org.uk/professional-development/publications/pub-007069* Practice to make a quarterly statement confirming the name of their Safeguarding Lead and Deputy Lead with contact details.
* The Lead should be a GP\*, as per ‘Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document. 3rd Edition:

<https://fflm.ac.uk/publications/safeguarding-children-and-young-people-roles-and-competences-for-health-care-staffintercollegiate-document-3rd-edition/>In exceptional circumstances, a nurse may be the Safeguarding Lead if they have sufficient safeguarding experience to do so, by agreement with the CCG. * Each practice to make a quarterly statement to confirm that they keep a register of all children and adults referred to the safeguarding teams with the outcome for each referral recorded. This register will be reviewed on QA visits.
* Practices should keep a register of all patients who are on a Child Protection Plan, Child in Need Plan (where notified), Looked after, or on an Adult Safeguarding Plan or if the surgery is aware that they are experiencing domestic abuse. Practices should keep this register updated with the outcomes of meetings about these patients and the date of the next meeting.
* The Care Quality Commission (England) advised in 2009 that “GPs and all staff working within a Practice, including administrative and reception staff, should be familiar with the principles of child protection and with their own role in safeguarding children. Each Practice should have a nominated lead and deputy lead to promote this work”. Working Together to Safeguard Children 2018 states that GPs should have a lead and deputy lead for Safeguarding. The Deputy Lead must be a clinician trained to level 3.
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| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)*** Working together to safeguard children 2018 - A guide to inter-agency working to safeguard and promote the welfare of children.
* Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document. 3rd Edition.
* Adult Safeguarding: Roles and Competencies for Health Care Staff – Intercollegiate Document.

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)** * Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice

<http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-Practice.aspx> RCGP Safeguarding Adults at risk of harm toolkit.**4.3 Applicable local standards**<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf> |
| **5. Applicable quality requirements and CQUIN goals** |
| N/A |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:** GP Surgeries across BSW CCG |
| **7. Individual Service User Placement** |
| N/A |