

Appendix 1

Safeguarding Locally Enhance Service (Generic version)

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Safeguarding GP Locally Enhanced Service
Commissioner Lead	XXXX Clinical Commissioning Group
Provider Lead	XXXX GP Practices
Period	1 April 2019 – 31 March 2020
Date of Review	Qtrs 3 & 4 2019/20

1. Population Needs

1.1 National/local context and evidence base

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which include specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Under section 10 of the same Act, a similar range of agencies are required to co-operate with local authorities to promote the well-being of children 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 in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

(Working together to safeguard children 2018 - A guide to inter-agency working to safeguard and promote the welfare of children):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

This Enhanced Service is to enable Practices to develop their safeguarding infrastructure and processes in order to provide all relevant information from the GP Practice to the child protection case conference.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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 engage with their safeguarding responsibilities:

1. The Working Together to Safeguard Children document sets out how individuals and organisations should work together to safeguard and promote the welfare of children.
2. The guidance is addressed to all practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children.
3. Clear effective communication regarding safeguarding is a professional responsibility of all disciplines. This Enhanced Service reflects the additional work that the Practice will need to do in order to set up this communication.

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 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 £30 per "Parents Report" (Appendix 1) submitted for the case conference will be made, where all relevant information has been submitted as detailed in this service specification.
- An additional £5 will be paid per "Child Safeguarding Summary" (Appendix 2) submitted for the case conference, as detailed in this service specification.

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 XXXX for approval prior to payment. Should there be a quarter where no case conference reports have been requested from the practice then this should be indicated on the quarterly report, by placing a "0" in the activity column for the component entitled "Number of multi-agency case conferences that occurred."

Initial Child Protection Case Conferences: GPs should be invited to all strategy discussions. XXXX CCG / STP should liaise with their local council(s) to ensure that this is happening. Whilst attendance or phoning in is desirable, it remains optional. However, five days after this meeting, the minutes will be sent to the GP surgery (ideally via their secure safeguarding email address) and the minutes will state whether a case conference is likely to occur. Should it be minuted as likely that a case conference will occur then the council can be contacted to confirm whether it will definitely be going ahead. **This will give the practice 10 days to complete the case conference report.**

Review Child Protection Case Conferences: The date for the review conference will be contained in the previous case conference minutes. **This will give the GP surgery either three months or six months' notice to complete the case conference report.**

Service description/care pathway:

- A claim can be made for each case conference where all the relevant information was submitted to the case conference.
- One "Parents Report" (appendix 1) per conference for the family to be completed in accordance with the following guidance:
- The wording on the "Parents 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.

- 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 will need to 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)
- For each child named in the case conference a document "Child Safeguarding Summary" (appendix 2) must be submitted containing:
 - A list of the child's active medical problems
 - Number of DNA's and whether immunisations are up to date
 - Any other information relevant to safeguarding
 - A description of how well each of the medical problems is managed with an explanation as to why this is. The wording of this explanation must be in a form that can be understood by non-medical professionals and the parents
 - This document can be generated and auto populated by [all GP IT systems].

In addition:

- All information must be submitted at least one working day in advance of the case conference.
- The parents should be contacted, and an offer made for them to read through the case conference report and child safeguarding summaries in advance of the conference. A letter that can be sent to the parents can be found within [all GP IT systems].
- If a request for information is made of a GP Practice for a case conference, the above **information must be submitted**; this Enhanced Service is designed to support the Practice achieve this requirement.
- All case conferences for which information has been requested must be entered onto the quarterly return, even if no information was submitted by the Practice to the case conference. An explanation of why no information was submitted must be entered.
- Information submitted may be audited by XXXX CCG on quality assurance visits.

3.3 Population covered

- The child (under 18 years of age) population of XXXX

3.4 Any acceptance and exclusion criteria and thresholds

- Any request for information for a child protection case conference by XXXX Borough Council.
- The GP surgery received no notice of the strategy discussion, did not receive the strategy minutes and did not receive a request for a case conference report with at least 5 working days' notice to complete it.

3.5 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 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.

3.6 Reporting accompanying information

- Practices to make a quarterly statement confirming that all staff have the correct level of safeguarding training, 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".

<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>

- Practices to make a quarterly statement confirming the names of their Safeguarding Lead and Deputy Lead.
- The Lead must 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/>

- 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 GP's should have a lead and deputy lead for Safeguarding. The Deputy Lead must be a clinician trained to level 3.

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.

<p>4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)</p> <ul style="list-style-type: none"> 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-nsppc-safeguarding-children-toolkit-for-general-Practice.aspx <p>RCGP Safeguarding Adults at risk of harm toolkit.</p> <p>4.3 Applicable local standards</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf</p>
<p>5. Applicable quality requirements and CQUIN goals</p>
<p>5.1</p>
<p>6. Location of Provider Premises</p>
<p>The Provider's Premises are located at:</p> <p>GP Surgeries across XXXX</p>
<p>7. Individual Service User Placement</p>
<p>N/A</p>