

Report to: (Governing Body/Committee): Primary Care Commissioning Committee

Date of Meeting: 24th September 2019

Subject: Safeguarding Children and Vulnerable Adults

Presented by: Julie Wilburn –Lead Designated Nurse for Safeguarding

**Agenda Item 11**

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| **PURPOSE OF REPORT:** | To alert the Committee regarding recent correspondence received from NHS England in respect of Safeguarding Children and Vulnerable adults and general practice reporting. | |
| **Recommendations:** | The Committee is asked to:   * note the content of the letter from Dr Geddes * await the review of local arrangements and the subsequent proposal to improve and support GP’s contributions to safeguarding processes * agree to receive a proposal for approval once the review of local arrangements has taken place | |
| **Committee Process and Assurance:** | Clinical Governance Committee | |
| ***Implications:*** |  | |
| **Risk Assurance Framework Implications:** | The CCG has a responsibility to ensure that health providers are appropriately discharging their safeguarding duty. Should changes not be made, arguably GP’s would not be fully supported to share their information effectively into statutory safeguarding processes. | |
| **Legal Implications:** | Health partners have a statutory duty to comply with safeguarding processes | |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | Choose an item. |
| Does this project involve the processing of personally identifiable or other high risk data? | Choose an item. |
| If yes to the above has a DPIA been completed and approved? | Choose an item. |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report  An Equality Impact Analysis/Assessment has been completed and approved by the EIA  Panel. As a result of performing the analysis/assessment there are no actions arising  from the analysis/assessment  An Equality Impact Analysis/Assessment has been completed and there are actions arising  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report | |
| **Finance Implications:** | N/A | |
| **Quality Implications:** | This report details a positive impact on quality.  The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.  This report details a neutral impact on quality.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | N/A | |
| **Engagement Implications:** | Named GP’s for Safeguarding Adults and Children  Executive Lead for Safeguarding  Designated Nurse for Safeguarding  Primary Care Commissioning Team | |
|  |  | |
| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> | |
| **Appendices / attachments** |  | |

**Background:**

On 11 July 2019, all CCGs received a letter from Dr David Geddes, Director of Primary Care Commissioning for NHS England regarding Safeguarding Children and Vulnerable adults: general practice reporting.

This correspondence detailed actions that are requested from local systems to ensure children and vulnerable adults are effectively safeguarded. It highlighted the fact that the sharing of information by general practice on request from local authorities is not resourced under national NHS contracts. Payment arrangements have varied across England but with increasing requests for reports due, CCGs are now being asked to review their local arrangements.

**Action required by the CCG:**

The CCG is asked to work together with local GP provider representatives to review local arrangements and where necessary implement changes. The outcome required is to assure safeguarding activity in general practice is supported to contribute efficiently and effectively to local decision making on ensuring the safety of children and vulnerable adults.

NHS England and NHS Improvement expects local system reviews for supporting (including resourcing) general practice reporting activity to be completed and implemented by the end of October 2019. The letter from Dr Geddes confirms that CCG named GP safeguarding leads will be expected to provide assurances that local systems are supporting effective safeguarding arrangements in general practice from 1 November 2019.

**Points to Consider:**

The GMC position to contribute to safeguarding processes is clear:

The GMC document, “Protecting Children and Young People” makes it clear that information must be shared for Child Protection Purposes: -

“If you are asked to take part in child protection procedures, you must cooperate fully. This should include going to child protection conferences, strategy meetings and case reviews to provide information and give your opinion. You may be able to make a contribution, even if you have no specific concerns (for example, general practitioners are sometimes able to share unique insights into a child’s or young person’s family).

If meetings are called at short notice or at inconvenient times, you should still try to go. If this is not possible, you must try to provide relevant information about the child or young person and their family to the meeting, either through a telephone or video conference, in a written report or by discussing the information with another professional (for example, the health visitor), so they can give an oral report at the meeting.

Furthermore, this GMC document references “Working together to Safeguard Children 2018,” as a key document that all doctors must follow.”

Working together to Safeguard Children 2018 states that “Safeguarding partners may require any person or organisation or agency to provide them, any relevant agency for the area, a reviewer or another person or organisation or agency, with specified information. This must be information which enables and assists the safeguarding partners to perform their functions to safeguard and promote the welfare of children in their area, including as related to local and national child safeguarding practice reviews.

The person or organisation to whom a request is made must comply with such a request and if they do not do so, the safeguarding partners may take legal action against them.”

There is a view that GP practices may be required to comply with requests from local authorities for child protection reports under their contractual duties to “comply with all relevant legislation” and “have regard to all relevant guidance”. However, this does not make explicit provision of child protection reports. There is a view that the contract therefore allows contractors to seek payment from local authorities in respect of child protection report requests (as the local authority is requesting so it can discharge its statutory safeguarding duty – that fact if it is also a professional duty of general practitioner to comply with requests is immaterial) and historically payments in some parts of the country have been made for some considerable time - it is NHS England’s position that a legitimate expectation exists that this work would be funded.

**Local Context**

As at the end of June 2019, North East Lincolnshire Children’s Social Care had 307 children subject to a child protection plan. The child protection process requires an initial and the subsequent quarterly review case conferences. All agencies involved in the care or support of these children should be asked to attend or at least submit a case conference report.

The findings of a recent audit undertaken by Children’s Public Health Provision have confirmed anecdotal reporting of some of our Safeguarding Lead GP’s that GP’s are not being asked to attend/ submit a case conference report. Of the 28 cases audited, only 5 Invitations were clearly extended to GP’s – in the other 4 cases it is not clear. This issue is being escalated to the Safeguarding Children’s Partnership and to Children’s Social Care as a matter of urgency.

North East Lincolnshire does have higher levels of safeguarding activity, particularly relating to children, than the national average. Therefore, the expectation and demand on GP’s to contribute to safeguarding processes may be greater than in other areas. However, it is imperative that information is shared effectively to support the safety and welfare of children, young people and adults within our locality.

**Required Actions**

The desired outcome of this piece of work is to assure safeguarding activity in general practice is supported to contribute efficiently and effectively to local decision making on ensuring the safety of children and vulnerable adults.

Examples of work that have been successfully implemented to improve reporting and the quality of reports include:

• Direct payments to a practice by the CCG under long standing “Collaborative arrangements”

• Introducing a Safeguarding Local Enhanced Service

NHS England and NHS Improvement expects local system reviews for supporting (including resourcing) general practice reporting activity to completed and implemented by the end of October 2019. The Named GP’s for Safeguarding Adults and Children have been tasked to undertake the review of our local processes.

NHS England and NHS Improvement will work with CCGs Named GP safeguarding leads to obtain assurances that local systems are supporting effective safeguarding arrangements in general practice from 1 November 2019.

**Recommendations**

The Primary Care Commissioning Committee are asked to:-

* note the content of the letter from Dr Geddes
* await the review of local arrangements and the subsequent proposal to improve and support GP’s contributions to safeguarding processes
* agree to receive a proposal for approval once the review of local arrangements has taken place