SPECIFICATION
SUPPORTING CHILD SAFEGUARDING WITHIN TOWER HAMLETS
01012024

1. Purpose of this scheme

GP practices have a range of contractual, statutory and professional responsibilities around safeguarding, and are required to contribute efficiently and effectively to local decision making with regards to ensuring the safety of children and vulnerable adults.

This service is designed to support practices to deliver their responsibilities around child safeguarding, ultimately leading to a more skilled and effective safeguarding practice workforce and a reduction in the number of deaths or significant harm to children who live in Tower Hamlets.

COVID19

This service was designed, prior to the onset of the COVID 19 pandemic. It has been reviewed in the light of this situation. The pressure on families, has been intense and not fully understood. Safeguarding therefore has gained even more importance.

New ways of delivering healthcare, notably the use of remote consultations will have safeguarding implications and, as time goes on, there will need to be specific guidance about safeguarding and remote consultations and potentially other areas in due course.

Desired Outcomes

- Reduction in the number of deaths or significant harm to child residents in Tower Hamlets
- More skilled and effective safeguarding practice workforce
- Reduced administrative burden for clinical staff
- Improved decision-making and management of child safeguarding
- More lower risk cases managed through frequent (ideally 2- 4 weekly, min monthly) practice based vulnerable children MDT meetings with administrative safeguarding lead in attendance.
- Better identification and coding of safeguarding issues
- Up to date vulnerable children lists (CP/CIN and CLA)
- Adherence to Child Not Brought to Appointment Policy

2. Service

Service:

- In line with best practice, it is recommended that GP MDT Meetings are held at least monthly at a mutually agreed time. The frequency of meetings should be recorded on the General Practice / 0-19 Service Communication Agreement. Minimum attendance expected by GP, Health Visitor and safeguarding administrator.
- Building on the improved coding of this year, ensure whole families are coded where appropriate.
- Utilise and develop the skills of your safeguarding administrator, ensuring they are part of the CYP MDT and attend all training sessions.

Practices and MDT's:

- GP Practices will identify one or more representatives to act as lead contact, who is easily accessible to the HV team.
- The GP Practice will provide a bypass telephone number to the HV Service.
- Coordinate MDT invites.
- The GP Practice representative will ensure the HV service is notified of any scheduled meeting cancellations in advance. Should this be the case, the revised date and time of the meeting must be mutually agreed between both services.
- The GP Practice will ensure there is one nominated clinician to attend all scheduled MDT meetings.
- The GP Practice will record all discussion regarding individual children on the practice EMIS record keeping system.
- The GP Practice will collate list of patients discussed – which is also needed for CQC
- The GP Practice will ensure the whole household is coded.

- The Safeguarding administrator could be responsible for all of the above.

3. Requirements

The service is based on the three submissions below which we would encourage are collated by the administrative safeguarding lead:

Document	Purpose	Frequency of Reporting
CYP MDT Self-declaration of monthly meetings taking place, providing dates, number of cases discussed and roles of attendees. Self-declaration that records have been kept on the discussions about the children (details not to be shared with the ICB) Narrative to be provided for any cancellations and on the usefulness of these meetings to further inform future processes.	To ensure that frequent proactive safeguarding sessions are taking place with appropriate MDT colleagues (including the administrative safeguarding lead) encompassing patients in the 0 – 19 service. These discussions should be documented in EMIS using the safeguarding template as a guide.	Annual return for monthly meetings
Whole Household Coding Audit Completion of a household link audit. Carry out a search for 15 children on a plan (CIP/CP) and check if their records have been linked to their siblings and parents. Self-declaration for 15 records that records were linked correctly to household member, or they were not (but were then corrected)	**All** children records should be linked to their siblings and parents on registration or birth. When a child is on a social service plan it is imperative that the whole household are linked for robust safeguarding measures. This audit allows for self-reflection of practices to check their processes are robust enough that all family households are linked for the most vulnerable children. Practices will not be rewarded or penalized on the results, but will gain	2 Audits – 6 months apart

	insight into safeguarding processes that work well or can be improved at the Practice.	
Safeguarding administrator to be released for training 3 times throughout the year.	Safeguarding administration is a new role within Tower Hamlets and continuous professional training and guidance is needed to carry out the role. Provided training will aim to improve confidence and capability of new and substantive safeguarding administrators.	Confirmation of attendance once at year end

Statutory responsibilities

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area (1989 and 2004 Children Acts). However, ICBs as key partners have a range of contractual, statutory and professional responsibilities around safeguarding. Notably:

- CQC require practices to demonstrate that they have a 'comprehensive safeguarding system' underpinned by policies, effective risk assessments, and high-profile leadership as well as quality assured training and that they know that these are consistently in place;
- Section 11 of the Children Act requires ICBs (or equivalent) to complete annual audits against a group of core safeguarding competencies against which a system can demonstrate readiness and responsiveness to safeguarding issues.
- The NHS Safeguarding Accountability and Assurance Framework (June 2015) defines the safeguarding responsibilities and roles of all healthcare providers, including GP practices.

4. Support tools

Practices are required to use the attached CEG child safeguarding coding guidelines.

Child Safeguarding Template guide CEG

A range of other useful tools are attached under appendices 1 – 9.

5. Information and resources

- **Royal College of General Practitioners Child and Adult Safeguarding Toolkits**
- **General Medical Council (GMC) Good Practice guidelines**
- **Care Quality Commission**
- **Intercollegiate Document 2019**

Key resources

- **Section 11 of the Children Act 2004** places a duty on key persons and bodies to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.
- The **NHS Safeguarding Accountability and Assurance Framework** defines the safeguarding responsibilities and roles of all healthcare providers, including GP practices.

6. Contacts

If you have any further queries please do not hesitate to contact:

Named GPs for Children's Safeguarding:

- Emma Tukmachi (Emma.Tukmachi@nhs.net)
- Helen Jones (helen.jones66@nhs.net)

ICB leads

- Rebecca Warren, Primary Care Delivery Manager – Rebecca.warren21@nhs.net / 07919 802 002
- Jo Sheldon, Head of Primary Care – Jo-ann.sheldon@nhs.net / 07795 222934

APPENDIX 1 - Key child safeguarding requirements for general practice.

Requirement	**Details**	**Comments**
The updated Intercollegiate Document: Safeguarding Children: Roles and Competencies for Healthcare Staff, 2019 recommends the following training for staff who work in a primary care setting (clinical and non-clinical staff)		
GP Practice Safeguarding Lead All practices should have a GP Practice Safeguarding Lead for both children and adult safeguarding (this may be the same person depending on the size and structure of the practice).	• Oversees the safeguarding work within the GP practice and seeks to embed the requirements of this service/safeguarding practice and ethos, • Acts as a point of reference and guidance for their colleagues and safeguarding training within the practice • Works closely with the named ICB GP leads including attending practice safeguarding leads meetings for training/supervision. • Ensures effective practice engagement with practice safeguarding MDT meeting, section 11 audits • Ensures the practice effectively engages with local authority case conference processes	The practice should ensure that the Safeguarding Lead is supported in their duties, allowing protected time.
Deputy GP Practice Safeguarding Lead	Assists Lead GP in their role	**Allowing protected time as above.**
Safeguarding Administrator Member of the administrative team	• Single Point of Access for all information requests • Recording and coding of safeguarding information coming in and out of the practice (until Child Protection Information Sharing system Phase 2 in place), eg including reports from and to children's social care, eg maintaining up to date FGM, CP and children looked after registers. • Participates in audit activity/ supports and documents MDT • Works closely with the GP Practice Safeguarding Lead. • Collates accurate minutes of team meetings as required	*Practices may wish to commission the safeguarding administrator function from the network or GP Federation or provide directly within the practice. This will be a local practice decision.*
Level 3 training with additional knowledge skills and competencies		
Level 2 child safeguarding training).	Practice managers, reception managers and practice safeguarding administrators.	
Record keeping and coding.	Relevant information (social and psychological medical Information) must be available to clinicians including transferring of important information from paper to electronic records and a good and accurate summary of paper records **Alerts should be added to the clinical record as appropriate (including CYP discussed at MDT meetings) so relevant clinicians are signposted to the minutes/relevant information.**	
Case conference reports Submission of high quality conference reports and attendance in person or by phone by when required.	The ICB and the Local Authority will be working together to create a system to accurately measure the return rate and timeliness and quality of submitted reports. The chair of the Child Protection Panel is expected to assess the quality.	
MDT meetings	MDT meetings Should be held at least 12 times a year and should where feasible include a GP, a health visitor, and a school nurse.	

APPENDIX 2

Child Safeguarding Request for Information and Report Guidance

(Aligns with cSG emis template. This will help with record keeping and documentation for administrative safeguarding lead).

Protocol for a Request for Information received by the practice:

- Request for Information comes in through with email or fax. (Section 17/47/MASH/other).
- Email - download and save request document /scan request document.
- Open a new consultation & ensure that online invisibility is off.
- Attach and save the document onto the medical records of each person mentioned in the request. Use the code "Investigation of Safeguarding Concerns" as the document type and name.
- Save and close consultation.
- Under each household member's registration, complete the "Family/Relationship Links".
- Ensure the address matches correctly on each person in the household.

Please note that a Section 17 request requires consent from the personal with parental responsibility. This document needs to be saved onto the medical records using the code "Consent given by person with parental responsibility".

Completing a Request for Information Report:

- Open a new consultation & ensure that online invisibility is off.
- Code all children as "child is cause for safeguarding concern" and every adult household member as "family is cause for safeguarding concern".
- Create a new document using the template called "GP safeguarding proforma sharing info with children's social services TH CEG".
- Complete the template and save using the code "Child protection conference report submitted".
- Open the "Child Safeguarding CEG" template and complete as much information as possible:
    - Add Report type e.g. MASH, Section 17, Section 47, Request for information.
    - Reason given for enquiry (what is the SG concern?), if no info given by cSC as to why they are involved please also state this.
    - Name of social worker (if given).

Complete the above steps for each child mentioned in the request for information. Email/Fax each completed request for information report back to the requester. Ensure you receive confirmation that they have received it.

Complete Child safeguarding report checklist as below:

	YES	NO
1. Is your report complete? *If NO please specify reasons why and actions required*	☐	☐
2. Major alert to be added to record? *Specify if patient or whole household and content of alert*	☐	☐
3. Report to be invisible online?	☐	☐
4. Has the household/family members been linked?	☐	☐
5. Has the code "safeguarding report" been add?	☐	☐

6. Please tick relevant code to be added to patient(s) record

☐ Child is cause for safeguarding concern (13WX)

☐ Child on protection register (13im)

☐ Records contain third party information* (9Ll)

☐ Social worker involved

☐ Social services report

☐ Consent given by person with parental responsibility: state who

7. Please specify what free text should be added eg.:

- Reason for cSC enquiry (what is the SG concern?)
- No info given by cSC as to why they are involved
- Time taken to complete the report.

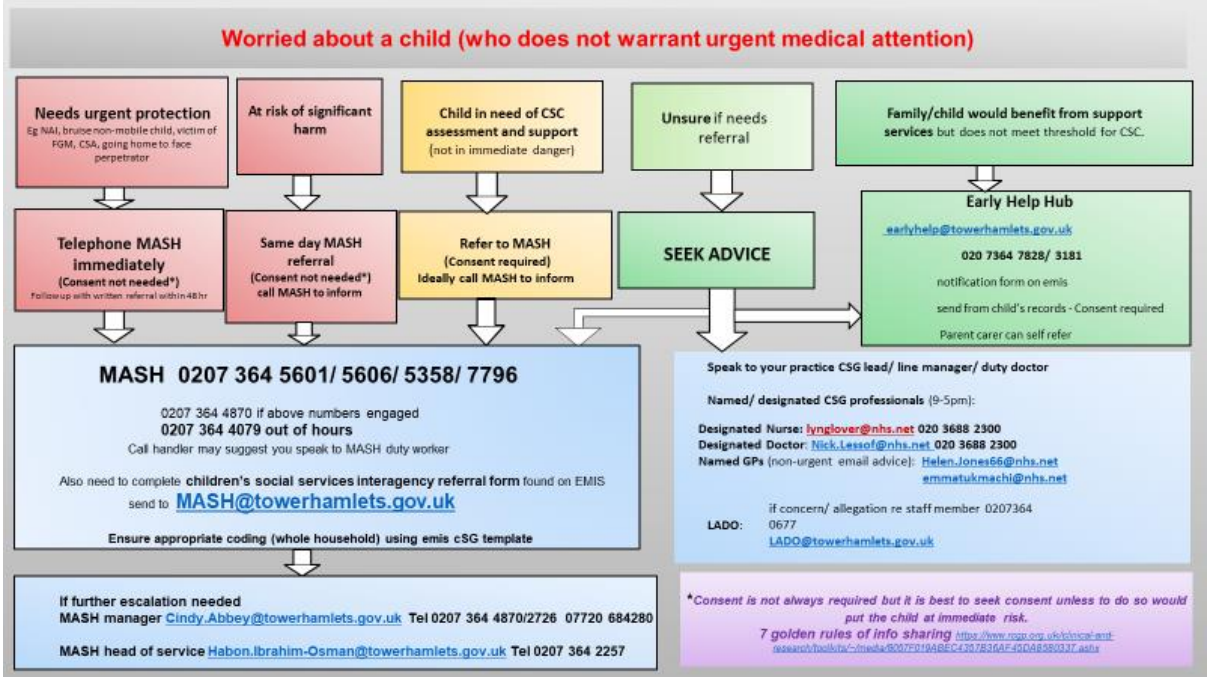
8. Add to vulnerable child/ mother MDT? *Pls add as unregistered patient*	☐	☐

give emis code

State reason for discussion

APPENDIX 3

Process for GP practices to seek safeguarding related advice and guidance



APPENDIX 4 – Children's Safeguarding Information Sharing Proforma

Name of child	**Given Name Surname**	NHS number	**NHS Number**
Date of birth	**Date of Birth**	Registration date	
Main Language	**Main Language**	Interpreter needed	**Single Code Entry: Interpreter needed...**
Communication needs	**: Does use hearing aid...**		
Practice	**Organisation Name**	Ethnicity	**Ethnic Origin**
IS GP able to attend the conference			
Reason for report	MASH enquiry	Section 17 (child in need) assessment	Section 47 (child protection) Inquiry
	ICPC (initial child protection conference)	RCPC (Review child protection conference)	Other: (please state)
Social worker involved		Contact details	

General				
Are there any household members not listed in the report request letter? It is important for social care to have a complete picture of all those resident at the address.				
Name(s)				
Are any adults with parental responsibility for the children not registered with this practice? Check household – are there 2 parents registered at the address?	Please provide details:			
Do you have the medical records for this child *(select I/C if incomplete)*				
Are their immunisations up to date				
Number of consultations in the last 12 months	Surgery		A&E & OOH	
Who usually brings the child to appointments / calls to discuss medical issues virtually?	Mum Dad Grandma Carer Other			

Child's Medical history –

Do they have any long term conditions?	
Significant active problems from EMIS	***Please see end of form***
Regular medication	***Please see end of form***

Please indicate all that apply

Failure to thrive (faltering growth) / underweight
Behavioural concerns
Mental health concerns – If under CAMHS please give details on diagnosis
Learning difficulties or disability
Significant risk of hospitalisation

If yes please provide further details

Please consider for older / secondary aged children

Pregnancy – current or historic
STI infection
Termination of pregnancy
Concerns of sexual exploitation
Episodes of missing

Please consider risks posed by technology? For example Cyber bullying / excessive use of phone / excessive gaming / online gambling / grooming / concerning online behaviour etc

If yes please provide further details

Secondary Care provision		
Is the child under secondary care? Is the child under CAMHS		please state which hospital and department Please state where
Allied health services		
IS the child under any community services?		Yes Physio Salt OT Community nursing Other

Safeguarding risk factors – please consider the following

Missed health appointments (either child not brought or cancellations)
Unexplained / poorly explained physical injuries
Delay in presentation for injuries / health needs
Inappropriate use of OOH / A&E
Poor dental health
Concerns about neglect
Poorly controlled chronic health conditions
Out of education
Poor school attendance

If yes please provide further details

Mother / Carer	Do they suffer from any of the following ? If yes please check relevant boxes and provide detail

Mental health problems
Alcohol or drug abuse
History of domestic abuse
Chronic health conditions which impact their ability to look after their child
Reduced mobility
Concerns about learning difficulties (may not have a formal diagnosis)
Any other relevant observations

Father / Carer	Do they suffer from any of the following ? If yes please check relevant boxes and provide detail

Mental health problems
Alcohol or drug abuse
History of domestic abuse
Chronic health conditions which impact their ability to look after their child
Reduced mobility
Concerns about learning difficulties (may not have a formal diagnosis)
Any other relevant observations

Does the father reside with the family:	Do they have unsupervised access?

Comments	Any concerns which have not been raised?

Also please note any protective factors within the family / extended family or carers which offer additional safety or support:

Consent	Has consent for this report been obtained?	

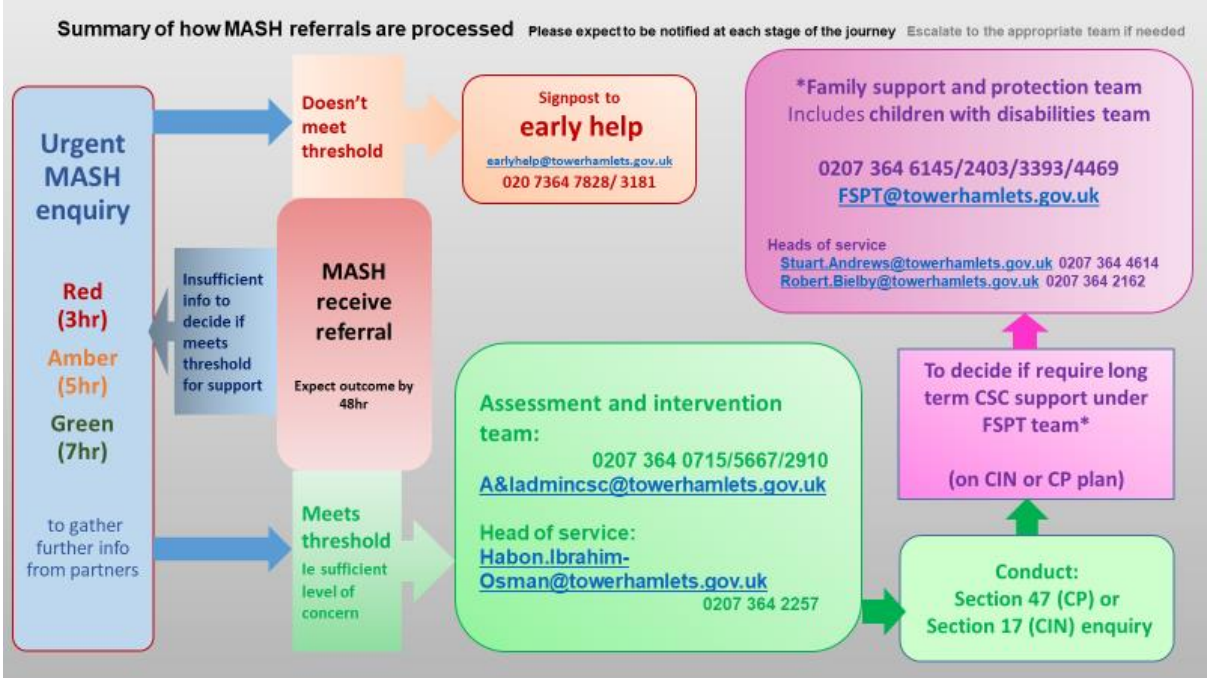
Sharing of the report	Have the parents carers been informed that they can access a copy of this report should they wish? (This can be done via accurx)	
Date completed merge	**Short date letter merged**	**Organisation E-mail Address** **Organisation Telephone Number**
Name of person completing report	**Current User**	

Please return this form to the generic email address provided in the request for information by children's social care.
If you are returning it to a named social worker please make sure that the generic email is cc'd in to ensure its safe delivery.

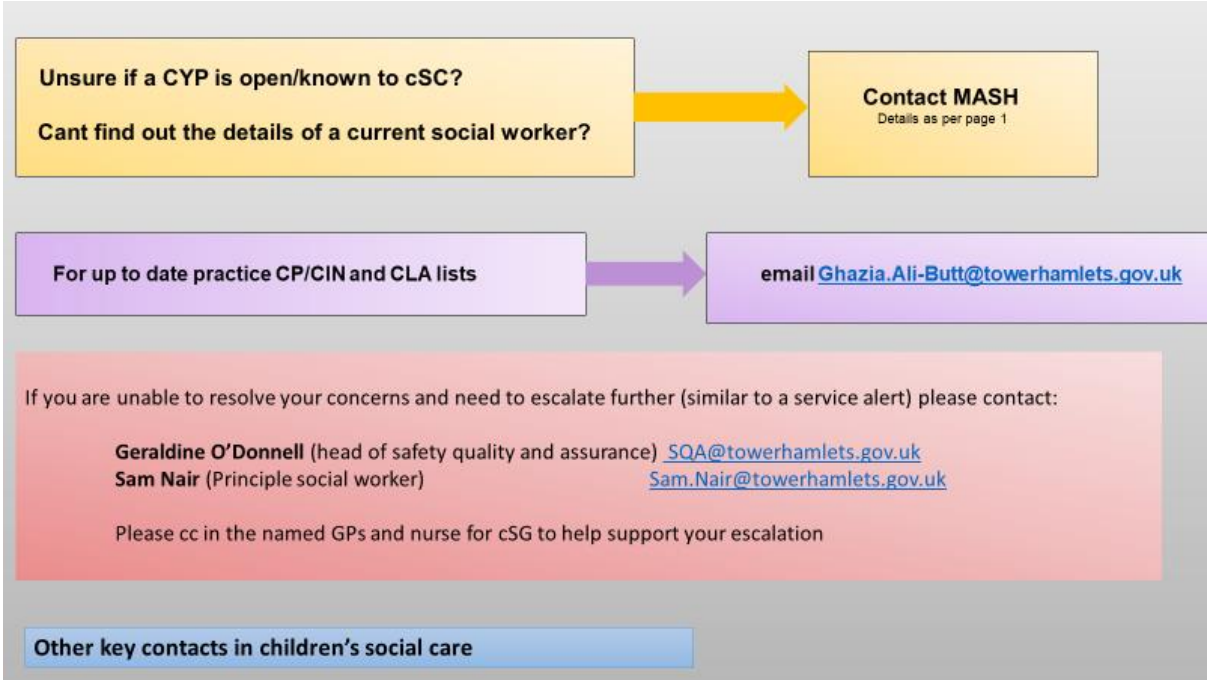
Problems

Medication

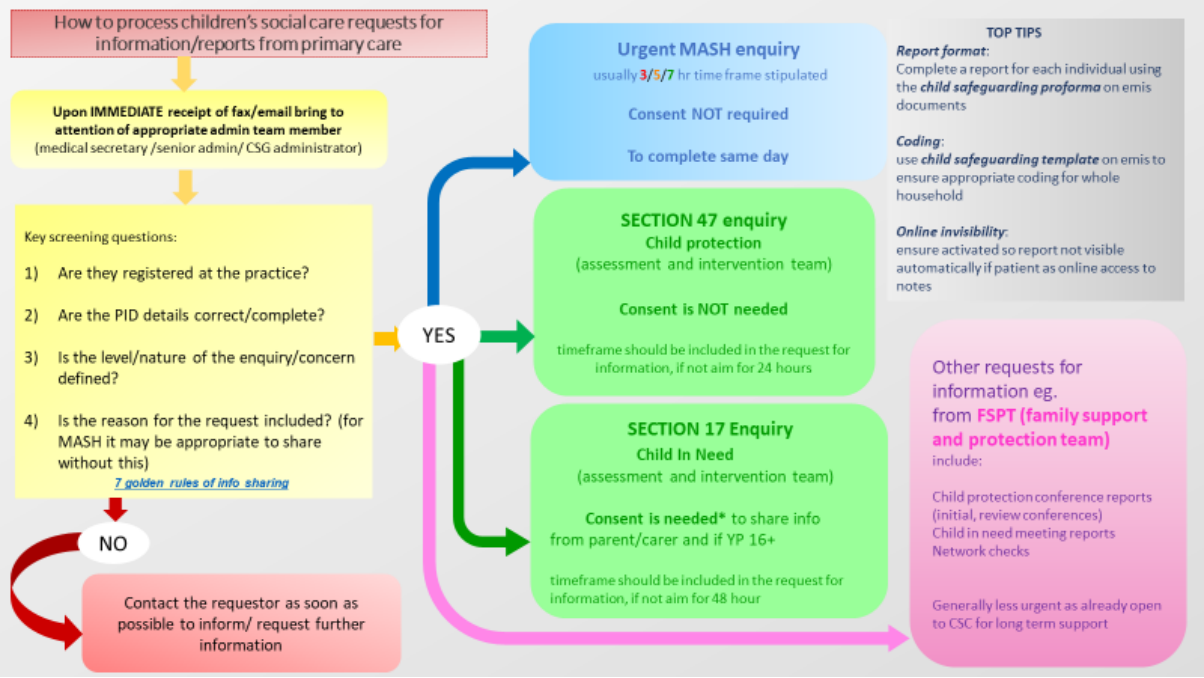
APPENDIX 5 – Summary of MASH referrals process



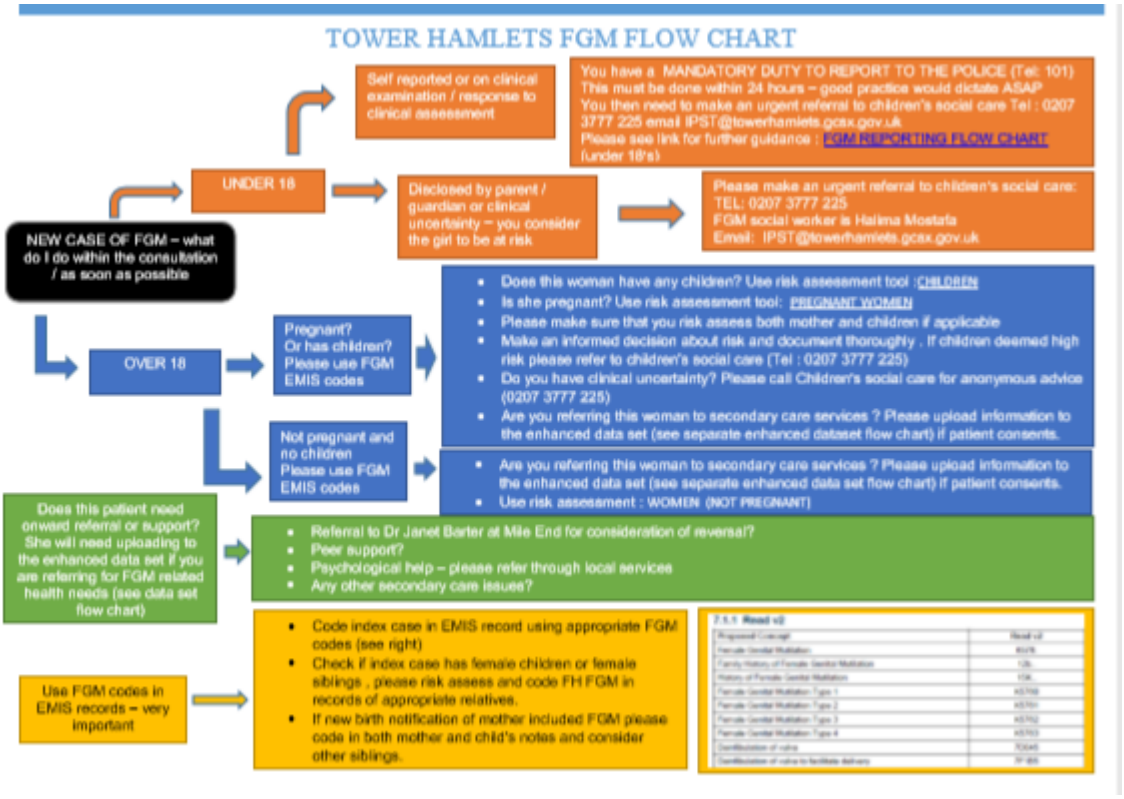
APPENDIX 6 – Other key contacts and escalation



APPENDIX 7 – Processing children's social care requests in primary care



APPENDIX 8 – FGM Flow Chart



Appendix 9 - Child not brought to health appointment guidance for primary care (previously DNA)

Hospital / Community/ Allied health services
Letter / notification received regarding a failed encounter (was not brought)

GP Appointments
Failed telephone encounters
-Consider calling twice
-text prompt and option to reply
If older YP (with capacity) ensure you get permission from YP to talk to parent/carer

GP Appointments
Failed encounter for planned face to face

Depending on booking reason consider either clinician contacting or asking admin to contact same day.

Code on EMIS
Child not brought to appointment 9Nz1
Consider using cSG template to document your SG review/plan

Please Consider:
Are there any safeguarding concerns or indicators of neglect?
Is the child subject to a plan or looked after?
Have there been multiple DNA's?
Are there MH, DV, substance misuse etc issues?
at home that may be compromising parenting?

Yes

Child subject to a plan or looked after? –Inform allocated social

Under 5? Bring to vulnerable child MDT to discuss with colleagues and health visitor. Do you need to refer to MASH?
Over 5? Consider discussing with school nurse and your colleagues. Do you need to refer to MASH? If sub threshold consider early help
Doesn't meet referral threshold? Review case in meeting in 3-6 months

No

To be decided on a case by case basis but consider rebook via either:

- Admin to call
- Clinician to call
- Text to prompt them to pick up/attend/reply
- Letter
- Consider use of safety net template to ensure they take up offer of appointment

If secondary care failed encounter they may need re- referral for the original complaint

Consider : Do other agencies need to be informed? Children's social care / secondary care/ CAMHS etc