

Safeguarding Forum

December 2024

Dr Louise Roscoe Named GP for Safeguarding Adults and Children
Lincolnshire ICB

Lincolnshire ICB Safeguarding Team

Specialist safeguarding support
for Lincolnshire ICB and Primary Care

Call: 07815 970 567

(Monday to Friday 09:00 – 17:00)

Secure Email: licb.safeguarding1@nhs.net

(checked daily Mon-Fri)

www.lincolnshire.icb.nhs.uk

The team is made up of the Named and Designated Professionals in Safeguarding and Safeguarding Specialists for children and adults

AIMS & OBJECTIVES

1. Changes to adoption medical records
2. LeDeR
3. Information Sharing
3. Questions and/or cases

ADOPTION MEDICAL RECORDS

- NHSE recently issued guidance: [NHS England » Key principles for ensuring continuous health records of adopted children](#)
- Each adopted child is an individual and their circumstances are all different. The clinical record is their record not anyone else's.
- We cannot know what information may be important to them as an adult as for anyone's medical record. We would argue it is even more important for adopted children.
- This work has been undertaken to reduce clinical risk to ensure records stay intact so we all need to ensure this happens for the sake of our adopted children. We understand that this is a significant change of practice however the merge / replacing the new number on the old record is to ensure that the record is maintained in its entirety as it was the day before the adoption order was made when the child and their new family has the whole record.

Adoption order made by a court

Court notify General Register Office who notify Patient Demographic Service National Back Office (PDS NBO)

PDS NBO invalidate original NHS number and allocate a new NHS number

New NHS number forwarded to Primary Care Support England (PCSE) who notify general practice of the change of NHS number and change of name

GP practice to add the High Priority reminder – ‘This record may contain highly sensitive 3rd party information Ua0Xb (READ) 393547004 (SNOMED). Do not disclose 3rd party information without clarification with the Caldicott Guardian.’

GP practice to mark in error all the administrative information about birth families and updated groups and relationships.

GP practice to send the new NHS number and name to the following agencies:

LCHS: LHNT.HSCLincolnshire@nhs.net

ULHT: andrew.brook@ulh.nhs.uk

LPFT: d.selkirk@nhs.net

CHIS: SCWCSU.lincs.chis@nhs.net

0-19: Localityhealthmanager@lincolnshire.gov.uk

: ClinicalApplicationManager@lincolnshire.gov.uk

FOSTERING MEDICALS

- Completion of foster carer medical reports is not part of the NHS contract and, therefore, GPs have no obligation to perform this work. However, in order to be able to approve a foster carer there is a requirement under Fostering Service Regulations that a medical (of fostering applicants) is undertaken.
- Plea to GP's to complete this work as private medicals are not easily accessible..... Remember this is to help safeguard vulnerable children that need foster care for a reason
- Prospective foster carers are required to have a full fostering medical examination, involving completion of Form AH Adult Health Report. GPs are requested to complete Part C, sections 1-11. Approved foster carers need a review medical (4 yrs)
- Forms AH Adult Health Report and AH2 Update Adult Health Report are nationally produced forms, therefore, it is not possible to negotiate a local alternative: Fee charged to LA for completion of the medical assessment.

LD AND SAFEGUARDING

- LD friendly practice scheme: [Lincolnshire GP Practices to be awarded the “Learning Disability \(LD\) Friendly Practice Quality Mark” - Lincolnshire ICB](#)
- RA digital flag: [Reasonable Adjustment Flag - NHS England Digital](#)
- LD AHC audit: [Quality checking health checks for people with learning disabilities](#)

AHC AUDIT EXAMPLE

- Reflecting on the practice's overall approach to how it cares for people with learning disability included looking at practice data on the rate of annual health check completion, use of an approved health check electronic template, health promotion activity including cancer screening and vaccination rates, long term condition management and healthy living indicators (e.g. obesity, smoking, drugs, alcohol, sexual health). From completing the audit it is evident that the practice is meeting the required standards as outlined in the Public Health England audit tool....
- There is clear evidence of some excellent (GOLD rated) performance noted, including the completion of 85% of annual health checks. There are some areas of improvement and in particular we are reflecting on our invitation process to ensure that patients have every possible opportunity to attend, and to consider reasonable adjustments that may be required from the outset. I recommend that we consider introducing a learning disability champion role within the practice and that we start to include patient feedback forms following a patients annual health check. Lincolnshire has a learning disability friendly practice scheme and I suggest that we look at the entry requirements for this reward standard and work towards achieving this. A repeat audit could be done in 12-18 months in order to review progress in these areas.

LEDER

- LeDeR: Learning from lives and deaths – people with a learning disability and autistic people
- Report the death of someone 18 or over who was autistic or had LD: [Report the death of someone with a learning disability or an autistic person](#)
- Take home stats:
 - 62.9 median age at death for people with LD
 - 42% of deaths ‘avoidable’ (compared to 22% in general population) (‘avoidable’ = preventable/treatable)
 - Top 3 causes of avoidable death: CVD, Respiratory, Cancer

Training

opportunity



Find out
more and
apply
www.rcp.ac.uk/LD

Funded places on Postgraduate Certificate in Medical Practice in Adult Learning Disability

Do you want to improve your knowledge in the medical needs of patients with a learning disability and create an attractive portfolio career?

- Ideal opportunity for GPs, resident & SAS doctors, senior nurses and AHPs
- 2 x 30 credit modules completed over 15 months
- 1 face to face and 5 virtual afternoon workshops

Applications are open for February 2025 cohort. Closing date 3 December 2024

www.rcp.ac.uk/LD

CASE EXAMPLE: LEDER REVIEW PANEL

- BL male died age 27yrs. Severe LD
- 2016 started to have recurrent UTI. 13 episodes between 2017-1023. Started on prophylactic Trimethoprim.
- No urology referral or investigations.
- A number of episodes of WNB
- Learning areas:
 - 1. potential for referral to urology – could have been supported to attend appointments or investigations by LD hospital liaison nurses
 - 2. WAS NOT BROUGHT – policy applicable for LD/A/Dementia if need support to attend appointments; potential missed opportunity to follow-up
-



LD AND CONSENT/CAPACITY

- When does PR end?
- What to do next?
- Opportunity to discuss at AHC (these start at 14yrs)
- LPA – person gives CONSENT to someone else to make decisions on their behalf
- Appointee – this is particular to the benefits system: appointee can manage benefits from age 16 e.g. PIP, universal credit, disability payments
- Deputy – if child has always lacked capacity, a person can apply to COP to become their deputy; can make decisions on their behalf. Property and financial deputy / Personal welfare deputy or BOTH
- Decisions need to be made in best interest

SAFEGUARDING CASE

- Sara Sharif
- Age 10
- Father and step mother found guilty of murder. Uncle also charged (causing or allowing a child's death)



- CSPR will be undertaken and learning fed back to agencies
- Physical abuse to a horrific degree



INFORMATION SHARING


- This is a key learning point after SCR's (Now called CSPR's: child safeguarding practice reviews)
- Safeguarding referrals / responding to request for information
- What happens after a safeguarding referral is made?...

SOCIAL CARE RESPONSE TO REFERRAL

- Assessment within 24 hours:
- Does the child(ren) require immediate protection and thus urgent and immediate action is required;
- Are there reasonable grounds to suspect that the child(ren) is/are suffering, or is/are likely to suffer, significant harm and whether further enquiries need to be made;
- are any further specialist assessments needed to help children's services determine what further action to take;
- if there is no further action they can take, whether to refer the matter to a more appropriate agency.

REFERRAL OUTCOMES:

- Outcome of referral can be **single agency assessment** or **multi agency assessment** – you may be asked to complete form:



Statutory Health Checks for Children's Services (V7)

Social care/workers please complete all in Grey.

Date:
Social Worker name and email address-
Social Care Team-
Reason for referral to Social Care and current involvement-

Please email this form: to:
BS_HealthAdmin@lincolnshire.gov.uk - for Health Visitors and Children and Young Peoples Nurses

Health Visitors and Children and Young People's Nurses please return the form to the following address within 10 working days-
(Please note this health agency check form will contain only Children's Health information and will not include any GP, A&E, out of hours, hospital, or child therapy information)

Child (please use a separate form for each child)	DOB:

Parental consent [<input type="checkbox"/>] yes [<input type="checkbox"/>] No	Sec47 consent not required [<input type="checkbox"/>]
---	---

GP Practice registered with-

Tick if not open to CYPN team [] (to be completed by CYPN's ONLY)

What contact has Children's Health had with child/family?

Are there any health issues which have been identified?

Do you have any safeguarding concerns about this child?

STRAT

- Children's Services Social Care must hold a Strategy Discussion whenever there is reasonable cause to suspect that a child has suffered or is likely to suffer Significant Harm whether or not it appears that a criminal offence against a child has been committed.
- This may be following a Referral or following Social Work Assessment or at any time where a child is receiving support services and if concerns about Significant Harm to the child emerge.

STRAT

- The purpose of the Strategy Discussion is to decide whether a Section 47 Enquiry under the Children Act 1989 is required and if so, to develop a plan of action for the Section 47 Enquiry.
- Outcomes can include immediate police action if immediate risk, or proceed to section 47 enquiry (with Initial Child Protection Conference within 15 days). Or referrals to other agencies (TAC/ CIN), or further assessments eg child protection medical.
- The Strategy Discussion should involve, at a minimum, Children's Social Care Services, the Police, Children's Health and the referring agency if possible.

HEALTH INPUT

- Health representatives are a key participant in STRAT meetings
- If child <5 (pre-school age) then Health Visitor team member attends
- ICB safeguarding team attends to represent Health (3 members of the team, fully trained band 6/7 nursing or HV background) covering Lincolnshire
- STRATs are held urgently – same day within minutes/hours
- Between 3-10 PER DAY in Lincolnshire!
- Need to share important information to help assess risk
- Current situation is to contact GP practice to request relevant information asap – how practical is this?
- New data sharing agreement – similar to ME model to ‘refer patient in’ on individual case basis when need for urgent safeguarding



Any Questions?



Lincolnshire
Integrated Care Board

Thank you

