Primary Care Safeguarding Annual Review

Safeguarding forum 20th March 2024

Primary Care Safeguarding Annual Review 23/24

Assurance and Quality Review

Aim: To support practice engagement and quality improvement
Objective: Identify and share areas of good practice, and identify areas for development at both practice and support at ICS level

Section 11 of the Children Act 2004 and the **Care Act 2014** places a statutory duty on agencies, including GP practices, to ensure that they have regard to the need to safeguard and promote the welfare of children and vulnerable adults.

This assessment tool has been designed to allow opportunity to highlight areas of strength and to identify areas for development in respect of duties and responsibilities.

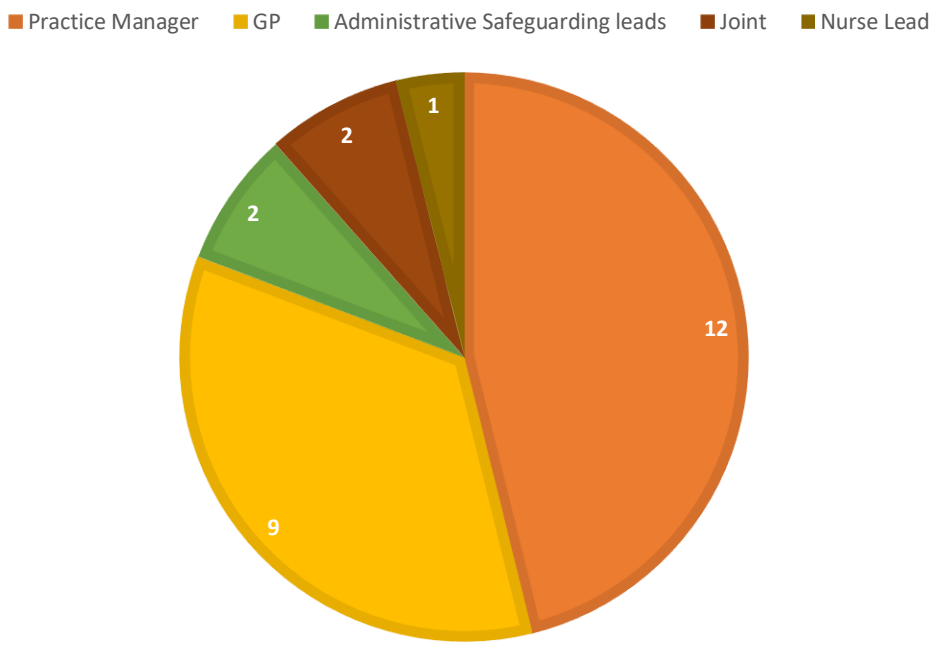
This tool assists the ICS- Southwark borough safeguarding team to identify where to target support, in order to drive safeguarding standards upwards.

Practice Policy and Process
Training
Frontline safeguarding
Looked After Children and Care Leavers

SG

Primary Care Safeguarding Annual Review Practice Policy and Process

26/31 practices completed (84%) - thank you!



Within the last 12 months:

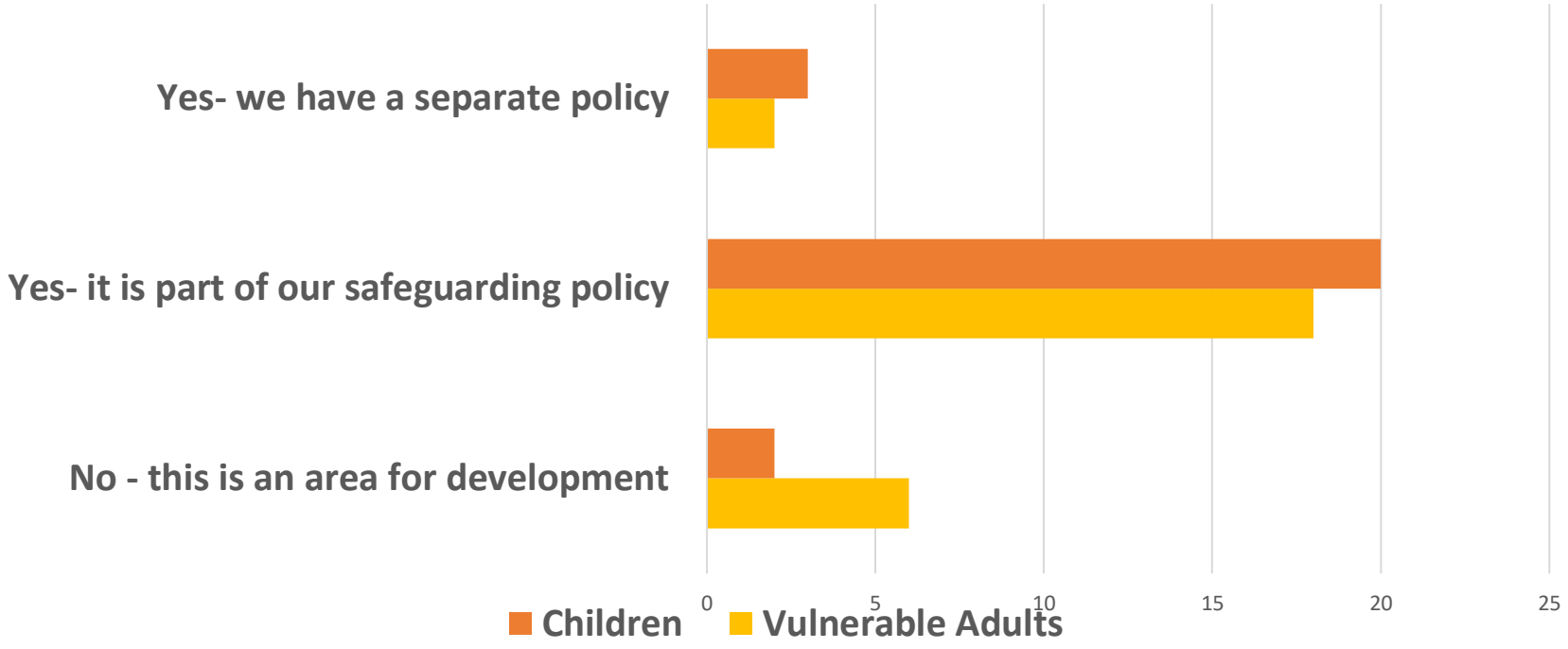
- Safeguarding lead changed in 5/26 practices
- Practice policies updated in 19/26 practices

Was not brought policy | New contact details | New staff responsible Locums | Appendix with added on using Ardens searches | Local referral pathways |Hoarding and complex tenancies team | Working Together Dec 2023 link | Management of patient access to records | Unchanged

SG

Practice Policy and Process

Do you have a ‘was not brought policy/DNA’ for children and for vulnerable adults? (for general practice, community, and secondary care)



Do you have a Whistle Blowing policy?
Do you have a Chaperone policy?

SG-

NAME OF PRACTICE

Safeguarding guidance for a general practice policy for vulnerable adults who Did Not Attend or Were Not Brought to their appointment.

June 2022

INTRODUCTION

The ability to access and use health services is a basic human right (World Health Organisation, (2017). Adults may not engage with services for a variety of reasons and may not attend appointments without cancelling them which impacts on the effectiveness of their care. Vulnerable adults or adults who are in need of protection for example those with learning disabilities, autism, challenging behaviours or mental ill health (this is not an exhaustive group of vulnerable adults), may depend on other adults and carers to bring them to their appointments.

When an adult DNAs (Did Not Attend) or WNB (Was Not Brought) to an appointment and the adult is vulnerable, potential safeguarding concerns should be considered:

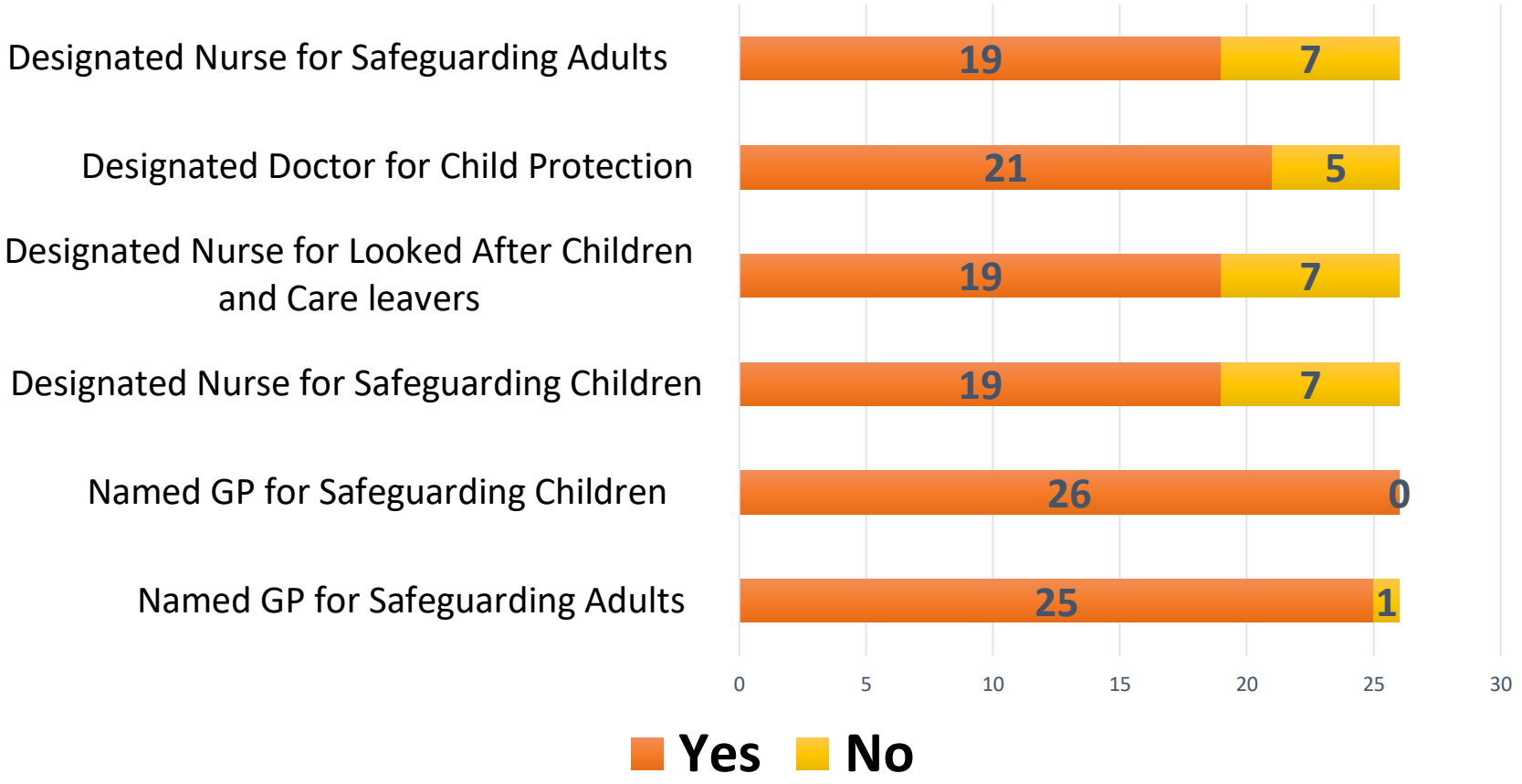
- Neglect is a form of abuse and specifically the failure of a carer to ensure access by the vulnerable adult to appropriate medical care or treatment.
- Self-neglect may include the vulnerable adult choosing not to attend scheduled appointments.
- Non-attendance of an appointment by known victims of domestic abuse may be an indicator of an escalation of abuse or coercion and control being exerted by their partner.
- Any safeguarding risk to children in the family should be considered as part of a 'think family' approach.

This policy will assist in:

- Determining the level of safeguarding risk to take in situations where a vulnerable adult cannot be contacted by phone, is not brought to appointments, does not attend appointments, access to the family home cannot be gained or the vulnerable adult is not available to be seen at home.

- The most appropriate course of action to take to ensure any safeguarding risks are managed.

Do you know who holds the following roles for NHS SEL ICB? (Southwark)



South East London Integrated Care System

NHS South East London

SOUTHWARK SAFEGUARDING CHILDREN & YOUNG PEOPLE KEY CONTACTS FOR PRIMARY CARE

Refer all cases of suspected child abuse via MASH except:

Acute injuries – liaise with on-call consultant paediatrician at local hospital
At immediate risk of harm – contact the police on 999

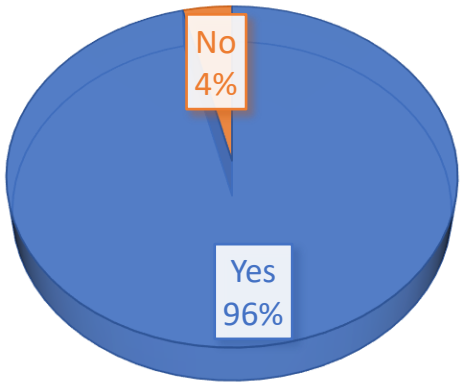
REFERRALS	
Children's Social Care MASH Multi Agency Safeguarding Hub - Sumner House Refer over the phone (if urgent Child Protection) or on inter-agency form. Referrals over the phone must be followed up in writing within 48hrs	020 7525 1921 020 7525 5000 (out of hours) mash@southwark.gov.uk
Family Early Help For families in need of increased support not meeting threshold for social care intervention Phone for advice / Refer on inter-agency form	020 7525 1922 earlyhelp@southwark.gov.uk
ADVICE AND GUIDANCE	
Social Worker Consultation To discuss cases of concern if unsure if thresholds for referral are met. Access to MASH health advisors also available	020 7525 1921 0207 525 1049 (reception) -to locate a named social worker or team
Safeguarding Specialist Nurses On-call mobile available 09:00-17:00	07789 741518
Community Paediatrics/Named/Designated Doctor For community paediatric advice on medical aspects to a safeguarding case or concern	020 3049 8010
Looked After Children Team Sunshine House	020 3049 8037 gst-tr.SouthwarkLAC@nhs.net
Designated Nurse for Safeguarding Children Michele Sault	07554 407823 michele.sault@selondonics.nhs.uk
Named GP for Safeguarding Children Dr Shimona Gayle	07833 483598 s.gayle@nhs.net

KEY LOCAL PROFESSIONALS		
Health Visiting Team 0203 049 8166 gst-tr.spahealthvisitingservicesouthwark@nhs.net	**School Nursing Team** 0203 049 4777 gst-tr.schoolnurseadmin@nhs.net	**Domestic Abuse Service** Refuge 01182147150 sdas@refuge.org.uk
Parental Mental Health Team For parents who are at risk of or experiencing a mental health problem and have a child aged under 5 years 020 3228 9800 ParentalMentalHealthTeamSouthwark @slam.nhs.uk	**Sexual Abuse** **The Havens** children of all ages and adults 020 3299 1599 www.thehavens.org.uk	**CGL- Hidden Harms Service** For child/young person 5-18yrs affected by parental/guardian substance misuse 020 8629 2348/07778356726 iisa.mcnicol@cgl.org.uk

https://selondonccg.nhs.uk/healthcare-professionals/safeguarding/southwark/
https://www.londonsafeguardingchildrenprocedures.co.uk/files/threshold.pdf
Jan 2024

southwark.safeguardingteam@selondonics.nhs.uk SG

Is the practice team aware of how to access these Southwark ICB team members for support and advice?



southwark.safeguardingteam@selondonics.nhs.uk

will go to team inbox and re-distributed to appropriate team member(s)

- Megan.morris@selondonics.nhs.uk (Named GP Safeguarding Adults) – NB going on maternity leave from 1st May 2024 - 31st Jan 2025 – details of cover will be circulated.
- Florence.Acquah@selondonics.nhs.uk (Designated Nurse Safeguarding Adults)

- S.gayle@nhs.net (Named GP Safeguarding Children)
- Michele.Sault@selondonics.nhs.uk (Designated Nurse Safeguarding Children)
- Rosaleen Healy (Designated Dr Child Protection – community paediatrician)
  020 3049 8010 - for medical advice on urgent cases

- Stacy.John-Legere@gstt.nhs.uk (Designated Dr LAC– community paediatrician)
- joy.edwards@selondonics.nhs.uk (Designated Nurse LAC and care leavers)

Is the team confident accessing advice and making referrals to social care

For children at risk of harm or abuse?

For vulnerable adults at risk of harm or abuse?

92% (24/26)

Adult Safeguarding Teams: Which team should I refer to?

Older Persons and Physical Disability Service: OPPDContactteam@southwark.gov.uk 020 7525 3324

Work with people where the primary care and support need is Old Age (over 65 years), Physical Disability or Cognitive Impairment. Criteria of Acceptance:

- Eligible care and support needs under the care act.

Mental Health Service: MHContact@southwark.gov.uk 020 7525 0088

Work with people under the age of 65 where the primary need for care and support is related to their mental health. Criteria of acceptance:

- Under the age of 65 years
- Care and support needs related directly to their Mental Health (ideally diagnosed but not an exclusionary criteria, includes those with autism and those with alcohol or drug dependency)

Learning Disability Service: LearningDisabilitiesDuty@southwark.gov.uk 020 7525 2333

A Learning Disability is defined as a global cognitive impairment reflected in lifelong difficulties with learning and adaptive functioning (and historically an IQ of less than 70). Criteria of acceptance:

- Evidence of cognitive difficulties and adaptive functioning dating back to childhood (may be from history (need to be very explicit why you think this), but ideally an LD diagnosis already. This does not include those with autism unless they have concurrent LD as well)

Adult Safeguarding Teams: Which team should I refer to?

No Recourse to Public Funds Team (NRPF) : NRPF@southwark.gov.uk 020 7525 4496

For those who do not have eligible immigration status to normally allow them access to public funds, but you feel are in significant danger, and would otherwise meet criteria for safeguarding support. Criteria of acceptance:

- Eligible care and support needs under the care act, domestic abuse, modern slavery

Modern Slavery referrals (caution): modernslaveryreferrals@southwark.gov.uk

This inbox will receive information on a safeguarding referral form, and is included on the latest version of the Adult Safeguarding Referral Form.
HOWEVER, it is NOT part of social services (although it is a Council-run springboard to National Referral Mechanism), and will not follow usual safeguarding processes. I would advise, if you feel there are safeguarding needs (ie the person you are referring has care and support needs, or no recourse to public funds) you should either just refer to the appropriate safeguarding team of the 4 listed above, or do 2 separate referrals.

Comments on making safeguarding referrals and getting advice:

Themes:

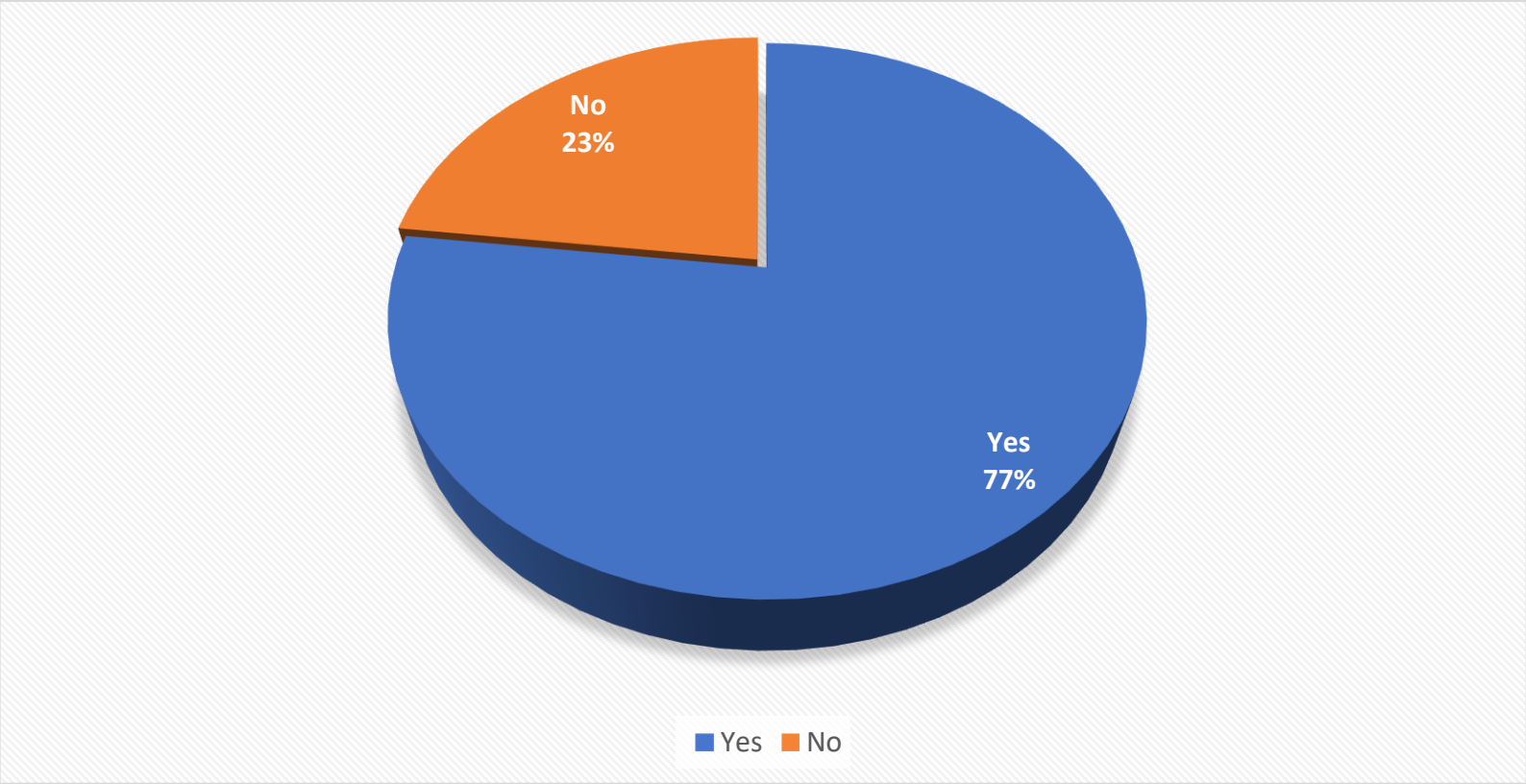
1. Getting feedback from Adult referrals/advice difficult

- "Referring vulnerable adults to adult safeguarding does not always result in appropriate action and we do not get any feed back unless we request it specifically."
- "Ongoing concern about feedback after referrals"
- "We are not sure what response there will be for adults. If I need actual, quick advice, I tend to email Meg, but maybe we should use southwark.safeguardingteam@selondonics.nhs.uk"
- "We have an adult safeguarding form, we also have an email address to send it to. Adult Safeguarding at Southwark are not as responsive as Child Safeguarding MASH and it is hard to get an answer on the assessment. An adult MASH would be ideal for a central hub and group of professionals." SafeguardingAdultsCoordinator@southwark.gov.uk

2. Access to a social worker for urgent advice difficult to find (NB Duty phone lines are manned by "safeguarding co-ordinators" who are not social workers)

- "On occasion we have found it challenging to access acute help for families not requiring A&E, but requiring urgent advice. This was raised with Shimona Gayle and we were informed of appropriate escalation policy if this were to happen again."
- "It will be useful to be able to discuss urgent cases with a named social worker when safeguarding issues arise. Currently, when we try to discuss urgent safeguarding queries we are asked to only send email before it can be actioned." (x4 pract)

In the last 12 months has the practice undertaken any safeguarding related audits/practice development projects?



new policy on children on safeguarding list turning 18.

we have adapted to online access, and tried to get our policies up-to-date on this. We held an all-practice training meeting on this.

Checked that alerts were placed on household members of all children on safeguarding register to advise of a potential safeguarding risk

Serious Youth Violence Multi-Agency Audit

we have put our safeguarding policies and information onto a portal which is an interactive and searchable platform, which means easier to find the exact information needed. It is also easier to keep updated

9 practices said they had regularly reviewed their safeguarding registers and vulnerable adults lists, and updated them accordingly, discussing active cases at practice MDTs.

Audit based on allocation of patients to named GP in the practice

Review of information sharing process and shared drive resources

discussions around templates and processes

Flowchart produced for admin team members on what to do when a request for information in respect to safeguarding is received. (2 practices)

visual aide memoir for scanners for online access

We have involved admin members in streamlining of case conference requests and section requests

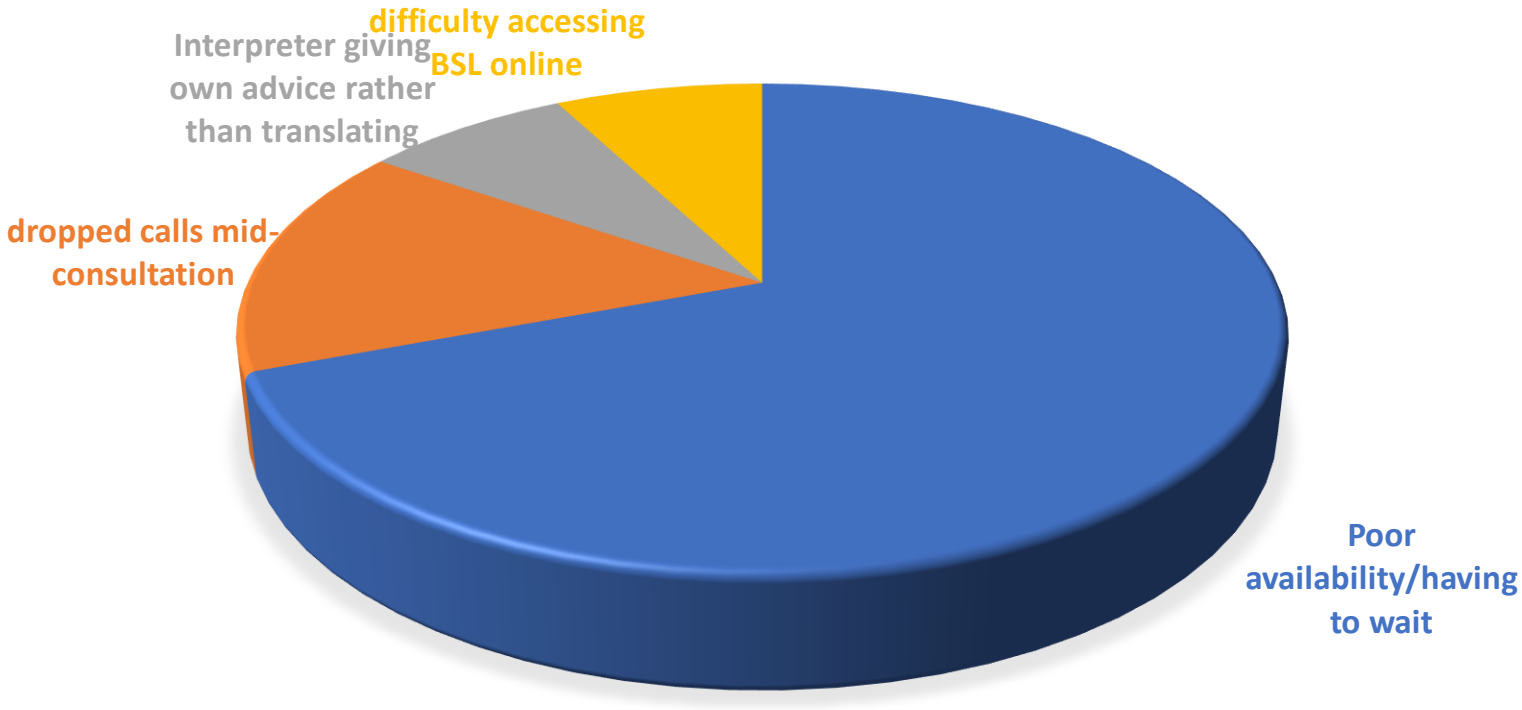
Introduction of the CP-IS (child protection information sharing system)

- Aims to keep NHS smartcard users updated with current child protection registers
- National roll-out from April 2024
- Implementation in March 2025
- https://digital.nhs.uk/developer/api-catalogue/child-protection-information-sharing-mesh

- May make laborious updating of your own records and registers through manual cross-referencing with HVs/social work teams etc a thing of the past

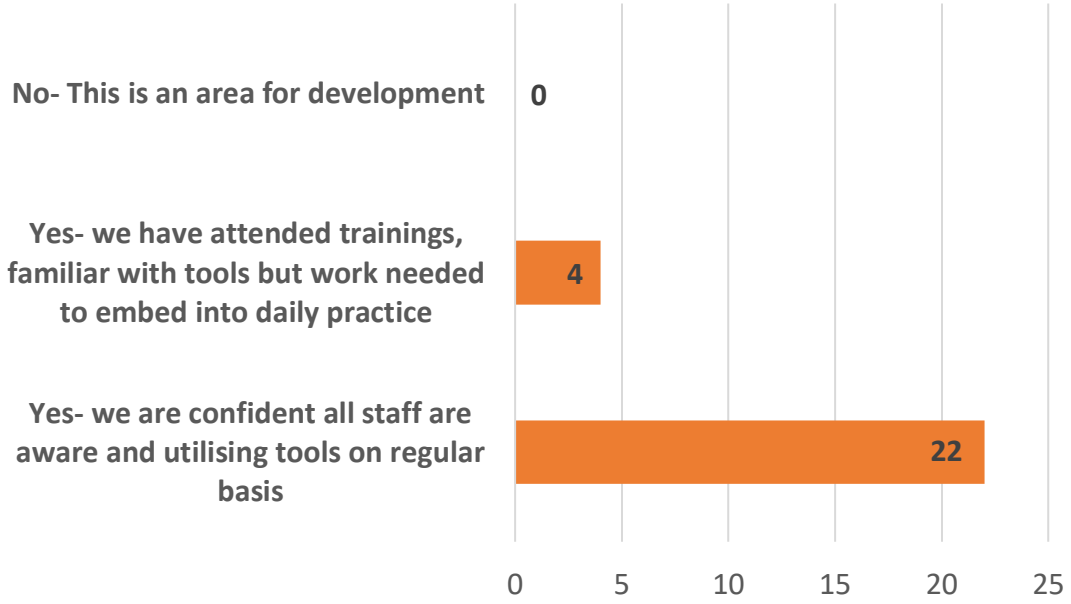
Use of interpreters - Are staff aware of the importance of using an independent interpreter rather than friends/relatives? – 25/26 say YES

- Has your practice experienced any difficulties with an interpreter service?



Prospective patient online access to medical records

Are all practice staff aware of how to identify sensitive information and how to hide from online visibility?

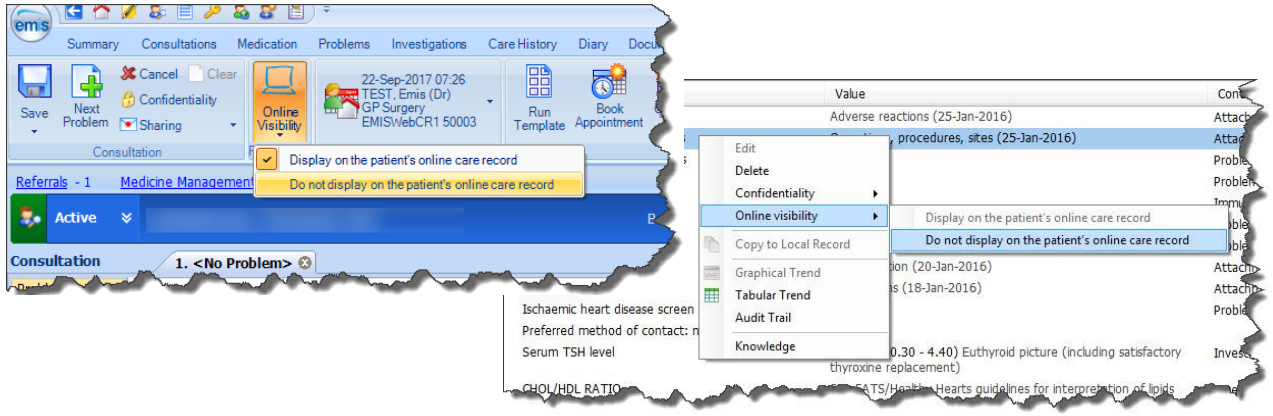


[Online access to GP health records - NHS Digital]

[What general practice staff should know - NHS Digital]

[EMIS Web - Prospective/future record access (emisnow.com)]

[EMIS Web - Online Visibility (emisnow.com)]



Tools available- Consultations, care history,
New: medications, investigations, referrals, documents, problem list

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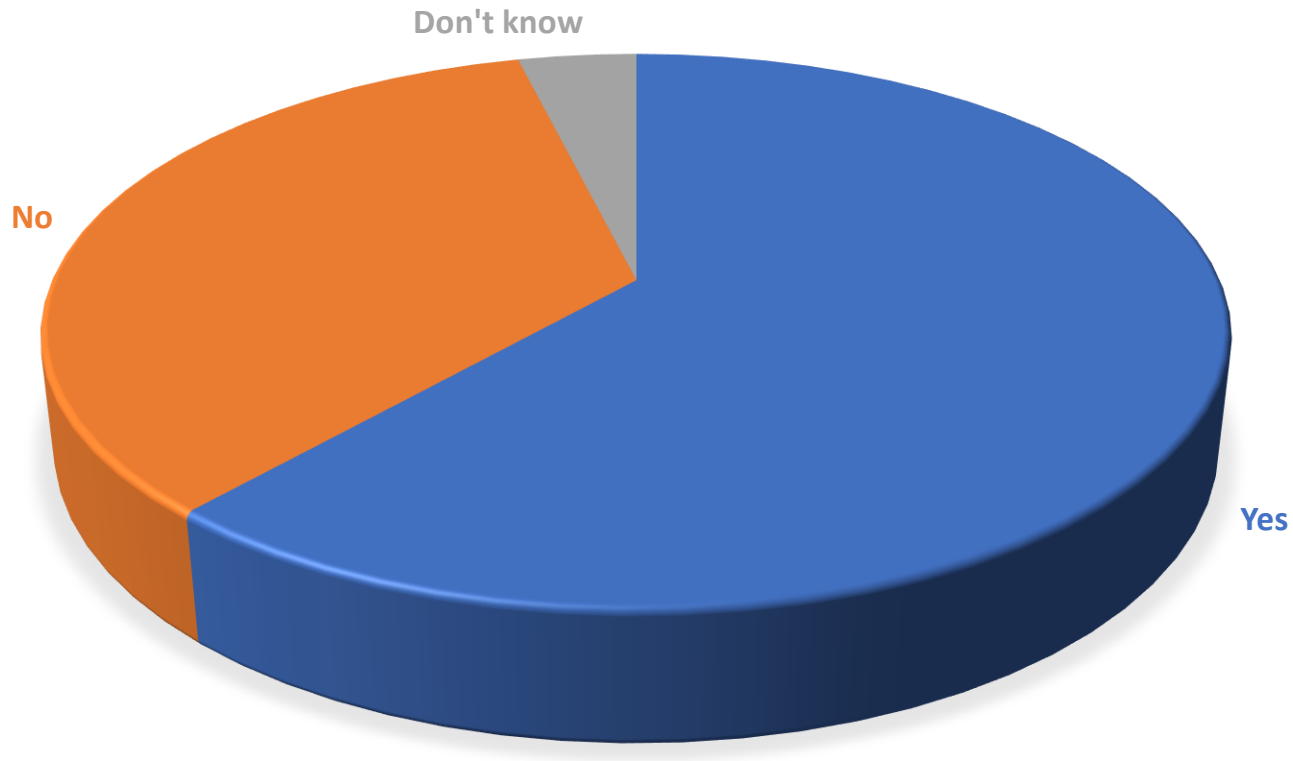
Does the practice have a process to identify and manage the de-registration of vulnerable patients?



Processes used for supporting vulnerable patients when deregistering

Before any patient is removed from the practice list, this will always be discussed by both admin and clinical team

3 practices: consideration is taken as to whether the patient is better supported remaining with the practice, only agreed after discussion with safeguarding lead/GP who knows pt best.

3 practices discuss in clinical meetings to update the team and agree on a support plan to be provided to the patient. They then update the safeguarding team *(?at local authority*) as appropriate.

"We keep on patients out of area if they are vulnerable and less likely to engage when deregistered."

ensure that they are registering at a new practice

1 practice admitted they have a policy but that it needed better embedding into practice

2 practices: If any safeguarding flags on notes, safeguarding lead to be informed, records will be reviewed - if concerns and already registered at new practice a letter sent to the safeguarding lead at new practice informing of concerns. If new practice not known summary of concerns may be recorded on notes

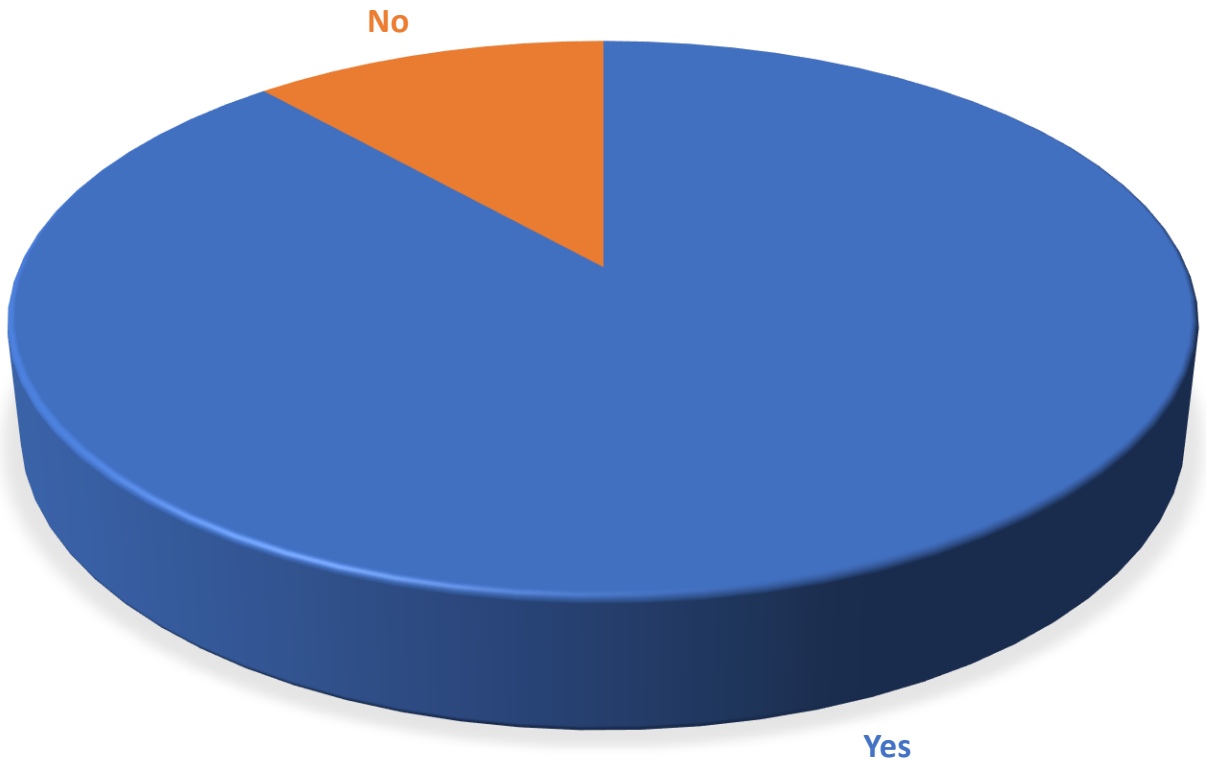
read code that they are vulnerable before deregistering

"We call patients to make sure they are aware of leaving the practice - we do not just deregister"

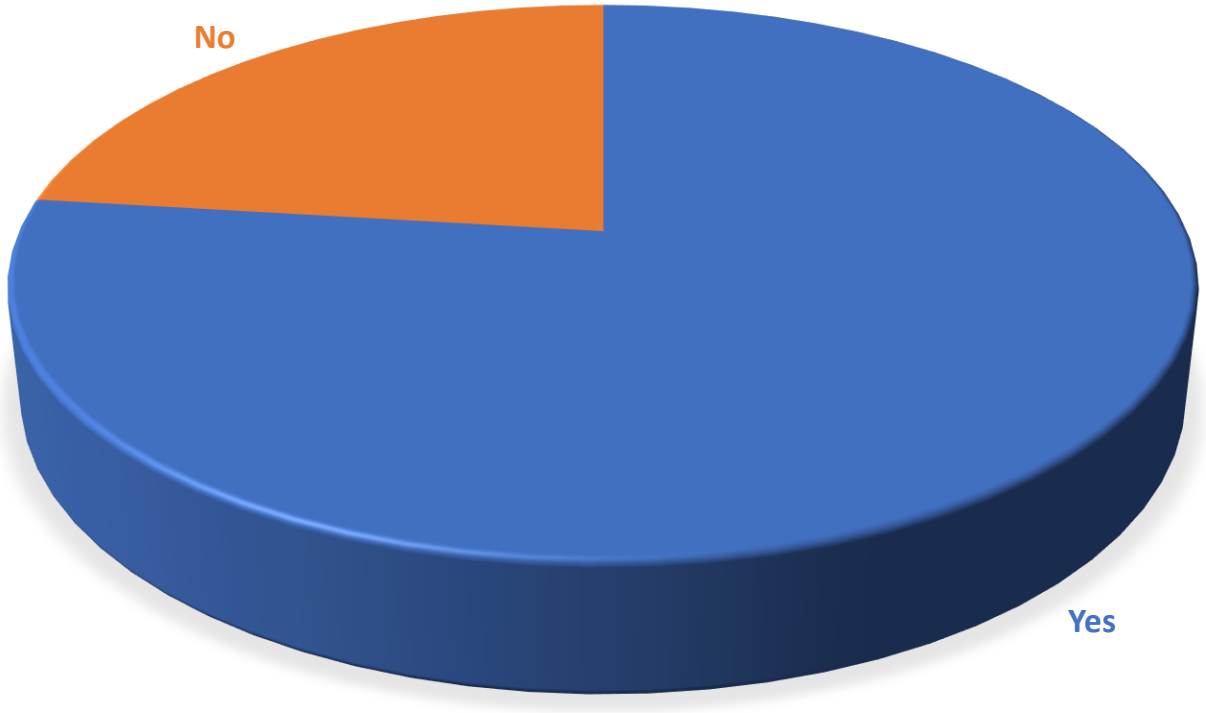
4 practices support vulnerable patients to register at another location if required

4 practices provide info on GP Practices in the area they are relocating to

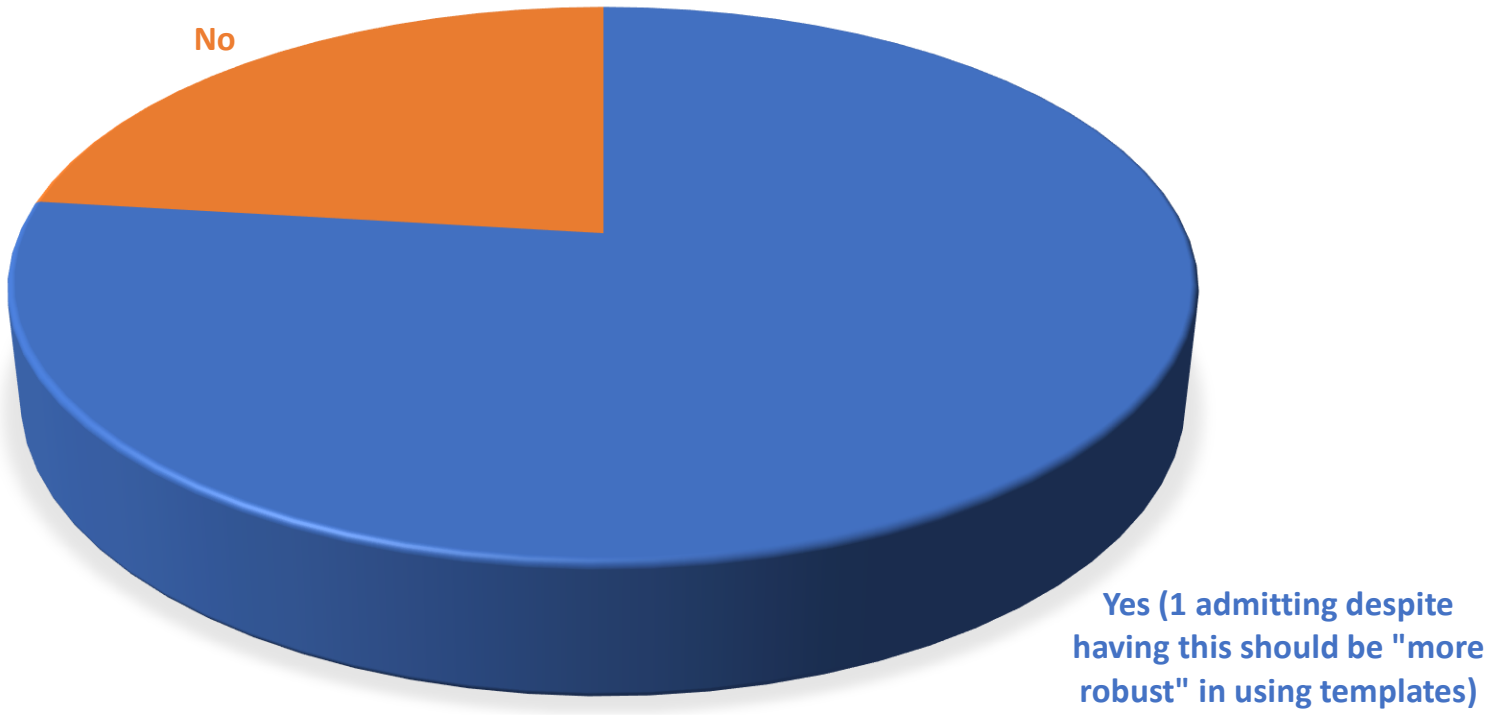
Does your registration process request and record details of carer or known care needs?



Does the practice have a process for reviewing paperwork and recording details of Lasting Powers of Attorney for Health and Welfare?



Does the practice use a Mental Capacity Assessment protocol or template?



MOUSE, Mickey (Mx) — EMIS Web Health Care System - Penrose Surgery - 10463

Summary | Consultations | Medication | Problems | Investigations | Care History | Diary | Documents | Referrals | New Consultation

Save Template | Cancel Template | Spell check — Template

MM

Report Management - 33 | SCR - 109 | Test Requests - 43 | Referrals - 1 (1) | Documents - 127 | GP2GP - 1 (1) | Registration - 910 (10) | Tasks - 10 (1)

Email verification - Your one-time passcode has expired. Click here to restart email veri

New priority Workflow Items received - Tasks, Registration, GP2GP, Referrals

There are outstanding Summary Care Records waiting to be sent, click to send.

Active | MOUSE, Mickey (Mx) | PDS

Ardens has a Mental Capacity Assessment template on EMIS that can be easily used to document capacity assessments, and takes you through the process in reasonable detail if you need it

Mental Capacity Assessment (v17.9) (Ardens)

View -> My Record (No shared data.)

Pages

- Core principles + context
- Determination of capacity
- Best interests decision
- Template version
- Template Info/Learning Points

The second stage functional test is to assess whether, as a result of the impairment/disturbance, the person is unable to make a specific decision.

A person is unable to make a decision, and therefore lacks capacity, if they cannot do one or more of the following:

- **Understand** information about the decision to be made.
- **Retain** information about the decision in their mind in order to -
- Use or **weigh up** the information as part of the decision making process.
- **Communicate** their decision (verbally, by sign, or any other means).

☐ Patient is not able to understand information about the decision to be made — Text

☐ Patient is not able to retain information about the decision in their mind for long enough to make a decision — Text

☐ Patient is not able to use or weigh up the information as part of the decision making process — Text

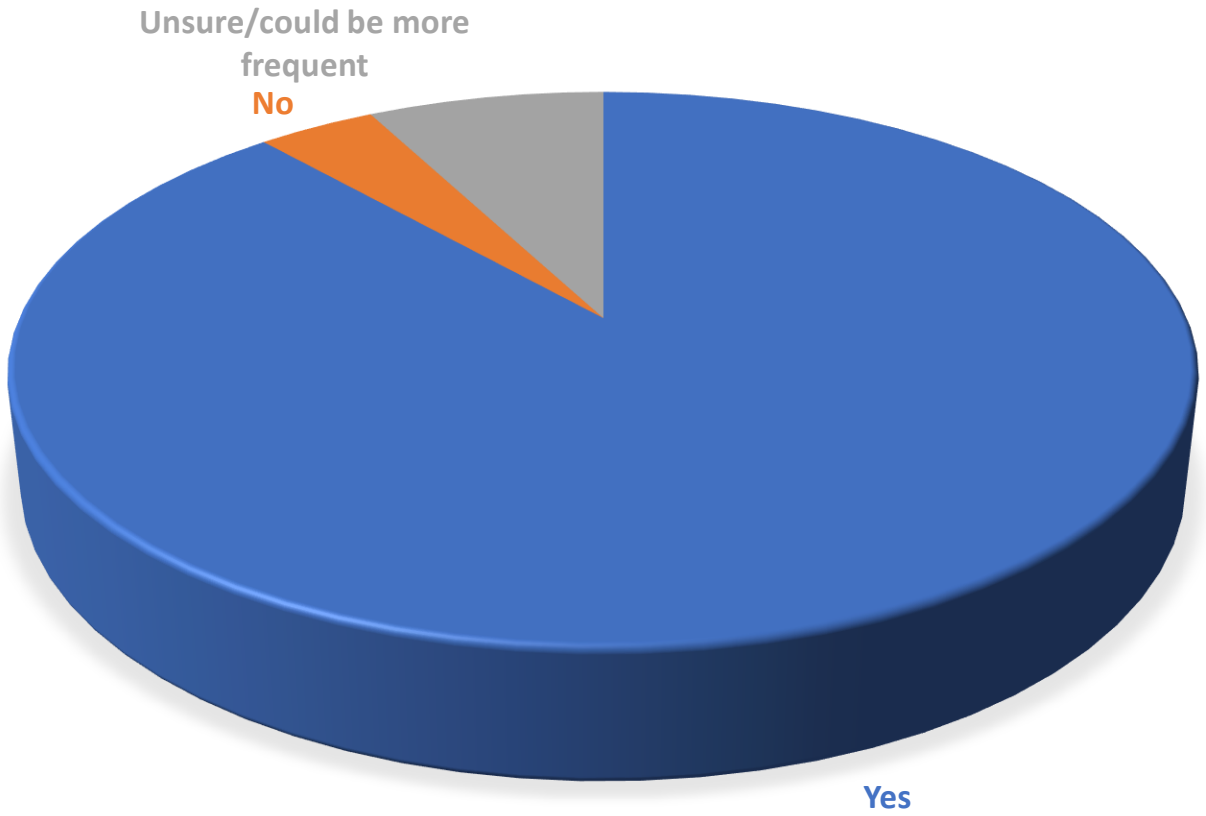
Summary

Latest Contacts

NHS | Clinical Practitioner | MORRIS, Megan (Dr) | Organisation: Penrose Surgery | Location: Penrose Surgery (at 33 Penrose Street) | In Consultation | Alerts

Type here to search | 11°C | 09:11 20/03/2024

Is learning from GP Practice safeguarding leads forum (including learning from Child Safeguarding Practice Review/ Local Learning Reviews/Safeguarding Adults Reviews/Domestic Homicide reviews) shared with practice colleagues?



What do you want from our forums?

- It would be good for us to know the exact process of what happens to a safeguarding referral from start to end and all persons involved and their roles. Who decides what and based on what?
- the topics covered are already helpful , and the opportunity to ask questions and share experiences is invaluable
- Young knife crime and any gang violence
- Being introduced to all the leads. Capacity assessment and demonstration with template
- Always useful to have information about registration/de-registration policy, access from parents and guidance on mental capacity
- children vaping - services available.

ADULT SAFEGUARDING PROCESS:

Safeguarding Referral

- Raised by the provider or 3rd party.
- Screened to see if appropriate to raise Concern.

Safeguarding Concern

- Immediate action to protect and prevent harm.
- Discussion with person to gather desired outcomes.
- Initial investigation to see if "reasonable cause to suspect" 3 stage test is met.

Safeguarding Enquiry

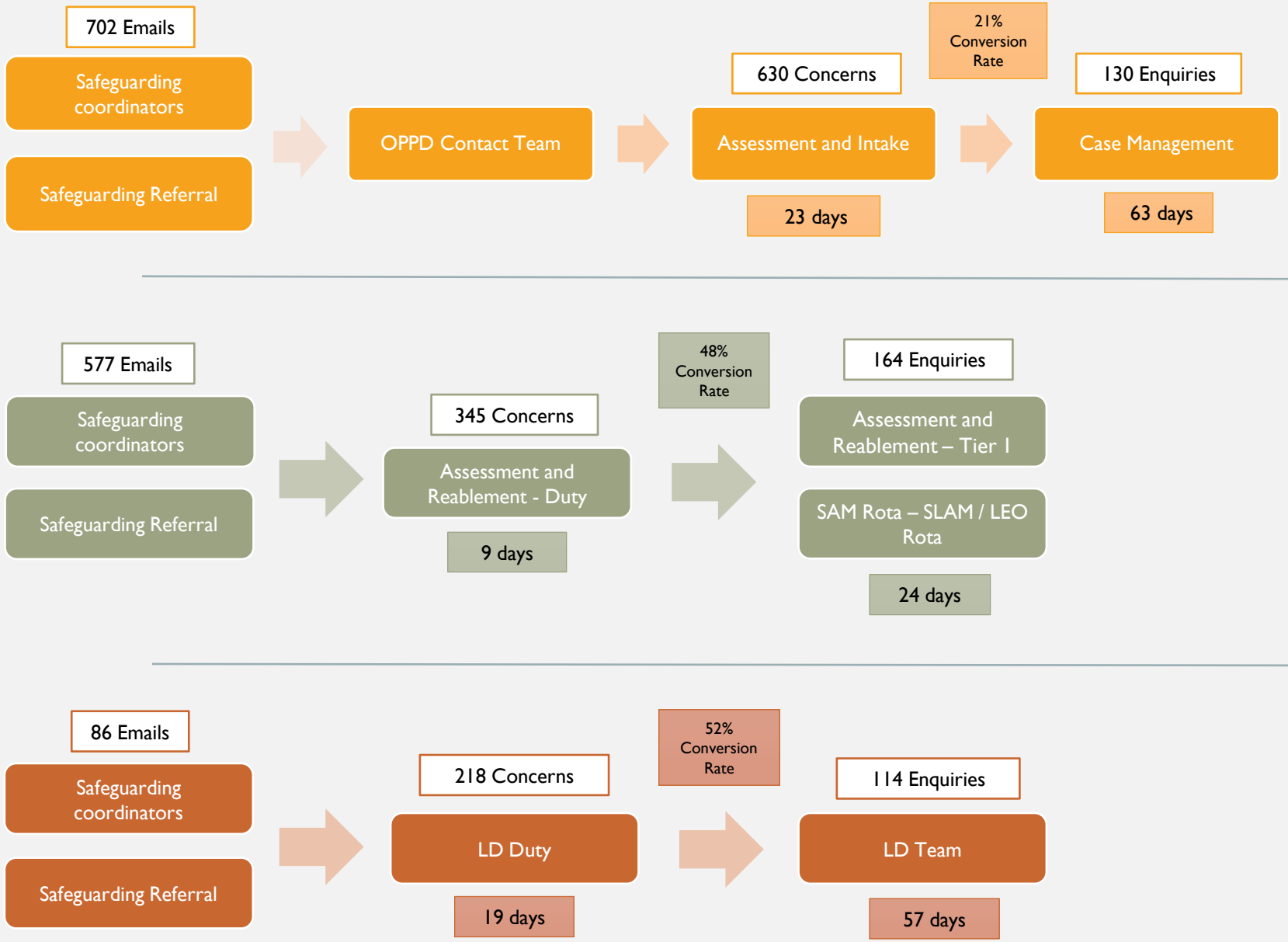
- Strategy meeting to determine enquiry actions.
- Protection plan agreed.
- Enquiry meeting to share findings and review protection plan.
- Enquiry report completed to summarise findings and learning.

Safeguarding Closure

- Safeguarding report shared with all involved parties.

Indicative Timescales	
Stage one: Concerns	1 Day
Stage two: Enquiries	30 Days
Stage three: Safeguarding Plan & Review	3 Months
Stage four: Closing the Enquiry	5 days

ADULT SAFEGUARDING PATHWAYS:



Indicative Timescales	
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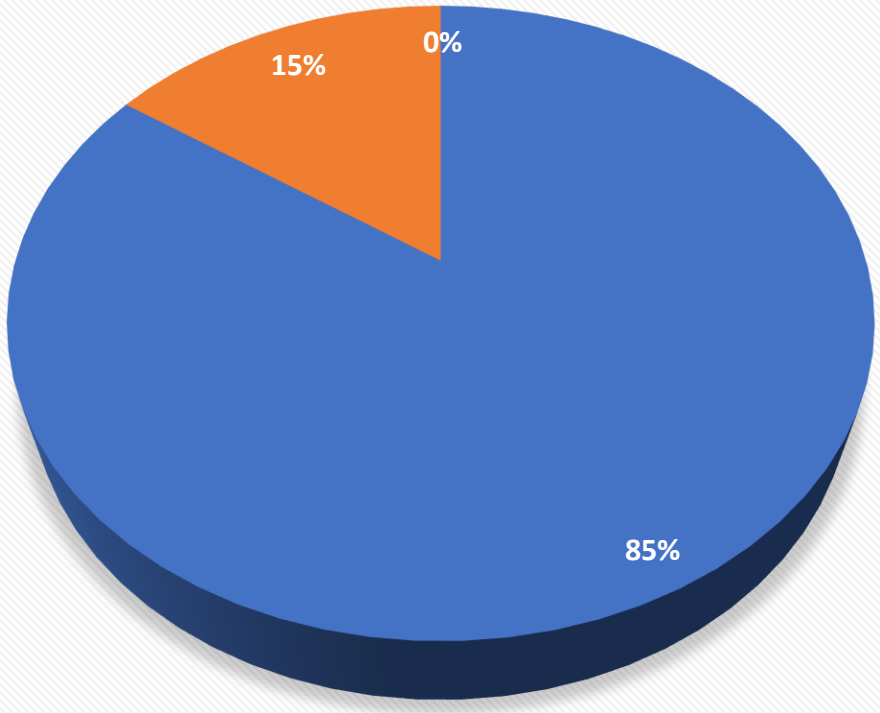
Maximum total for a full Enquiry – 126 days

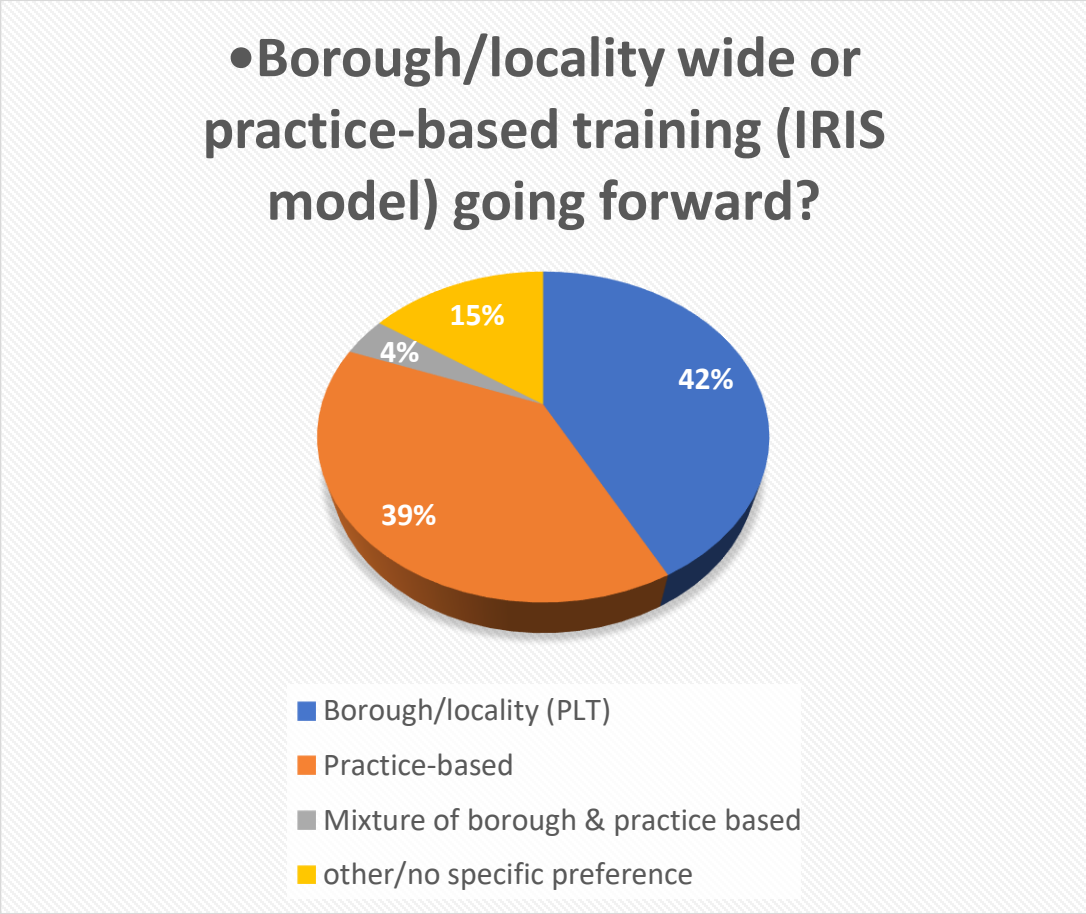
	Concerns	Avg. days	Stand Dev.	Enquiries	Avg. days2	Stand Dev.	Conversion rate
OPPD	630	23	43	130	63	106	21%
MH	345	9	25	164	24	50	48%
LD	218	19	56	114	57	78	52%
Hospital	188	15	23	38	42	71	20%
NRPF	19	21	38	5	16	8	26%

Does the team feel confident in identifying and responding to needs to victims of domestic abuse?



- Yes- e.g., we have a clear robust system, including regular referral to IDVA services (IRIS/Refuge), we regularly undertake routine enquiry during consultations including ante- and postnatal appointment, we regularly discuss cases at our safeguarding meeti
- Mostly Yes- e.g., on reflection we need to further embed routine enquiry and review our referral rates and ensure we discuss such cases on a regular basis.
- Mostly No- e.g., we recognise this as an area we would value additional support

Domestic Abuse training - comments



- Some feedback that difficult to give time to IRIS practice-based training without it being protected time
- IRIS training “too lengthy, too basic, difficult to keep updating”
- 4 of the responses for practice-based training were from individual practices now in same organisation, suggesting they would prefer the training shared across the 4 sites (so a bit more like locality/neighbourhood).
- Several mentions of using PLTs, one specifically suggesting Millwall “for interaction with other practices”
- Several mentions of IRIS helpfully providing admin-specific training, at practice level
- Online vs face to face training? Guidance suggests this kind of training should at least be in part face to face, but online offers convenience.

Domestic abuse training going forward: You speak, we respond

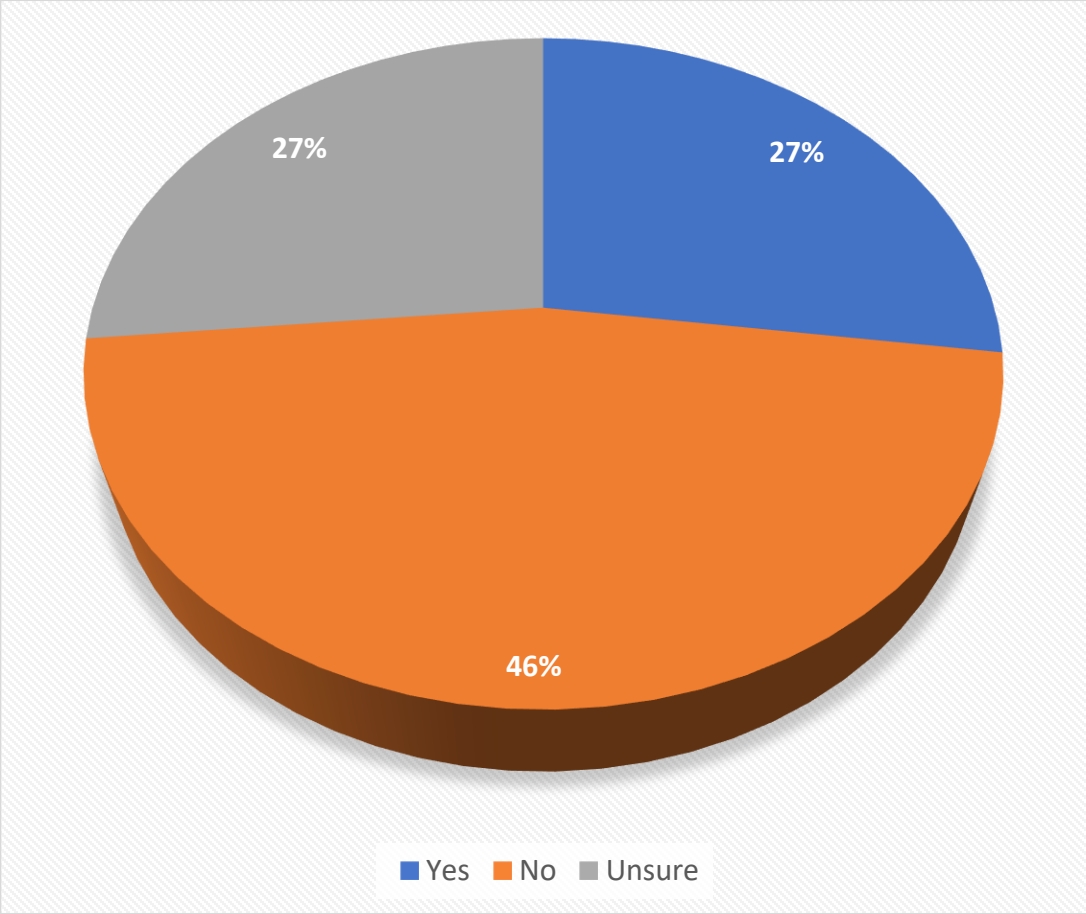
BOROUGH BASED F2F TRAINING

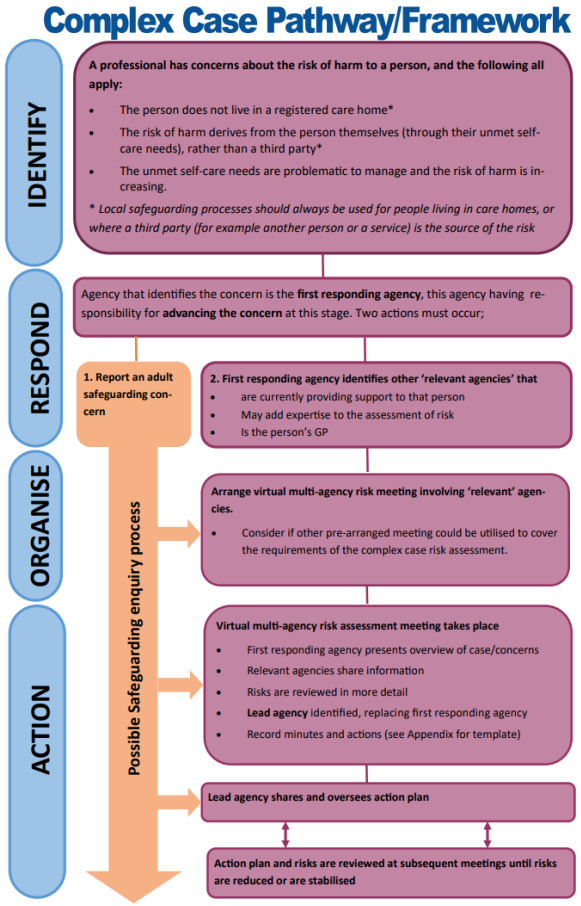
- **PLT session at Millwall Thursday 18th April** – focussed solely on Domestic Abuse
- put on jointly by ICB Childrens and Adults Named GPs, with Refuge/IRIS advocate and Local Authority
- Incorporating information on wider Southwark-wide domestic abuse services to give comprehensive picture of services
- Case studies, how to approach consultations etc
- Opportunity to influence re-commissioning of new Borough-wide services

IRIS OFFER
(practice-based face to face training)
HAS WIDENED

- We have negotiated **IRIS advocacy service and training to be available to ALL practices in the Borough** over the next year at least (quota previously of 25 practices, which was very restrictive and confusing for all)
- New IRIS advocate in post, several practices have already met with her.
- Offering face to face practice-based training – one session for clinical staff, one for admin staff. (Feedback that admin sessions particularly helpful)
- Please contact our IRIS advocate if you want your practice to benefit from FREE practice-based training: Abiola_Ajibola@refuge.org.uk

Has your practice had experience in following the **“Complex case pathway”** which was brought out as Southwark Safeguarding Adults Board guidance in 2021/22? [Safeguarding The London Borough of Southwark • Resources]





Feedback on use of the Complex Case pathway

- 1 positive comment but from a practice who is yet to use it! “we are happy with it”
- Most feedback, when given, echoing my (voiced) concerns from its conception:
- “This does not read like a pathway, at best guiding principles, I am concerned to be identified as lead professional, but have not support to facilitate Multi-disciplinary meetings and all the email communication that ensues, a more hub based support would be welcomed With children social care we can arrange TAF meeting and social support”
- “I do not think the process is useful. The equivalent is a MASH process done by social workers, instead the Complex Case Pathway is asking GPs to do the work of what should be a MASH hub for adult social services in (*Southwark*). We have not used it as we are not commissioned to do so, we do not have the time or funds to do so and this is not a core role of General Practice.”
- “I think this is a current gap in our practice policy/knowledge with regards to this. As a result of this audit I will be bringing it up at the next practice meeting to discuss this.”

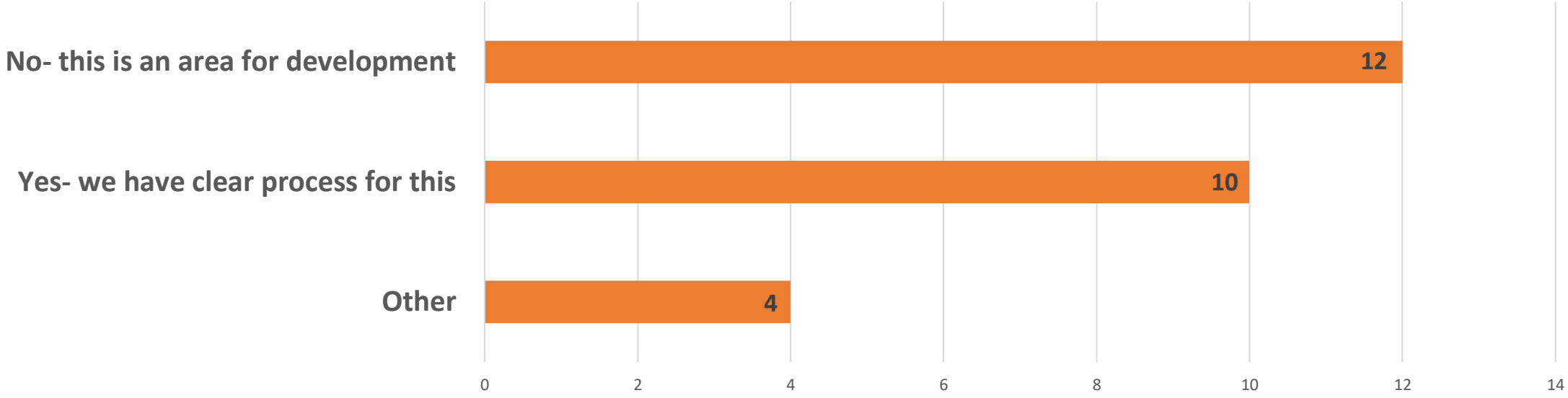
TAKE HOME MESSAGES on the Complex Case Pathway:

IT IS GUIDANCE, NOT A PATHWAY- quite rightly pointed out in feedback – you will find you are mostly all trying to apply its principles of involving other agencies in complex cases already. Do not worry if you are not using it – you are not alone – but hats off to you if you have tried.

UNREALISTIC EXPECTATIONS ON IDENTIFYING AGENCIES (ie Primary Care) to co-ordinate MDTs (but perhaps more feasible if you have a Care Co-Ordinator in your practice?)

WATCH THIS SPACE: CROSS-BOROUGH (Lambeth, Southwark, Bromley) agreement this needs a new approach, with better support. SSAB holding meeting (which I will attend with your feedback) 17th April 2024 jointly with Lambeth and Bromley, who have had similar feedback – hopeful that there may be some plans to put in a better supportive structure (but boils down to funds).

Does your registration process request and record any named social worker?



2019/2020 annual review 86% of practices – process fully embedded

Other-

'Yes we ask for under 5s and will update to ask for all children now',

'We ask for details if relevant' *How does the practice identify when relevant?*

'Not mandatory' *It is locally recommended best practice, points of transition are key junctures*

'Carer details are recorded' *Clear questions as to wider professional involvement recommended*

SG

Training

Level 3 children	All GPs in 81% of *practices All PNs in 92% of practices All practice based (directly employed) pharmacists 85% of practices All Paramedics trained in 50% of practices All Physician's Associates in 78% of practices
Level 3 adults	All GPs in 88% of practices All PNs 80% of practices All practice based (directly employed) pharmacists 85% of practices All Paramedics trained in 75% of practices All Physician's Associates in 78% of practices
Practice based ANPs and HCAs were 100% trained across the board	
Level 2 children	All non-clinical staff are trained in 77% of practices
Level 2 adults	All non-clinical staff are trained in 73% of practices
Prevent	All staff are trained in 73% of practices

*Figures given as % of responding practices

SG

Experiential and wider practice learning

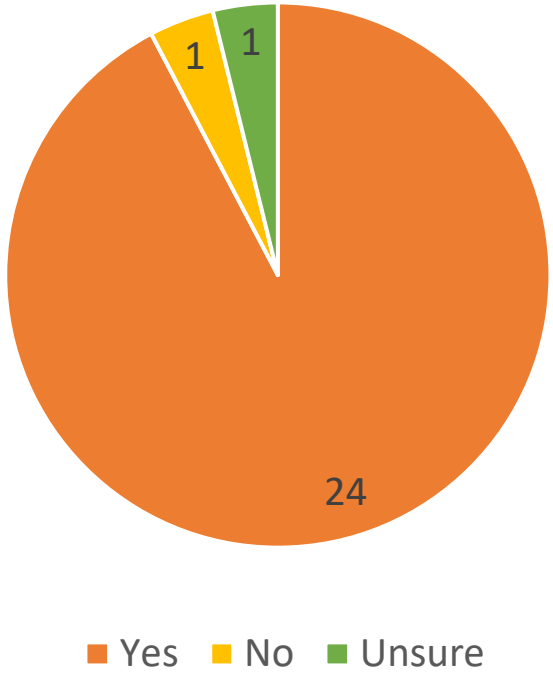
The Intercollegiate Documents, which set guidance for health care roles, competencies and training for safeguarding children/adult was updated in 2019 to include experiential learning as part of safeguarding training.
(e.g. case-based personal reflection, scenario-based discussions, multi-professional meetings)

Regular staff appraisals are reported in 92% of responding practices
Resources from GP forums shared in 92% of responding practices
Case discussions during clinical and practice meetings | significant event meetings also event analysis and learning event feedback | Complaints meetings | Safeguarding forums | Online learning | Day to day conversations with colleagues | Standing item on weekly practice meeting | Rooted in daily practice | Complex referrals discussed with safeguarding leads | Reflective experiential sessions (mostly LD patients) | MDT- HV

SG

Frontline Safeguarding

Are clinical staff confident about when to seek consent and when they can share information without consent to safeguard children and vulnerable adults?



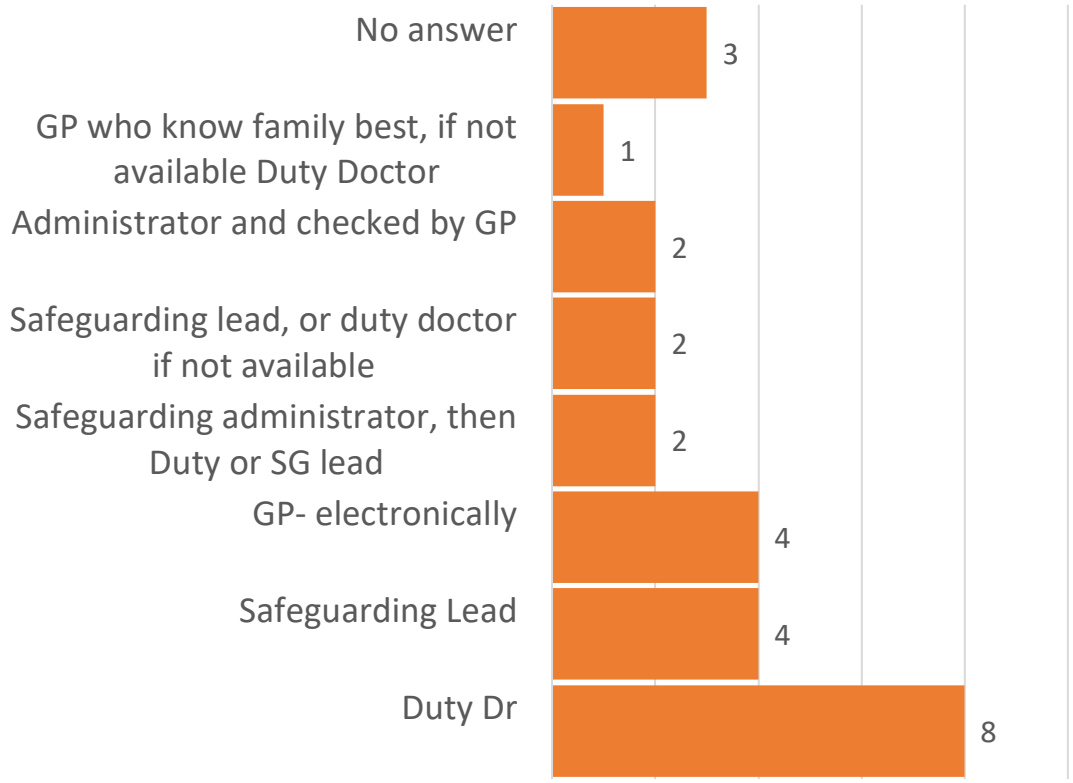
Is the practice team confident in accessing support and making Family Early Help referrals?

- 'It works very well.'
- 'The local resources and contacts details are shared with all staff and posters available in each consulting room '
- 'Good feedback from referrals'
- 'Would be great to know the average waiting-time, when we get an email back'

- Yes- Bright Beginnings
  - NB- Bright beginnings is <u>not</u> FEH, but an arm of intensive HV provision, replacing Family Nurse Partnership

Frontline Safeguarding -managing information requests

Staff processing and completing request



Process

Receipt->
Administrator review of urgency | Administrator checking if S17/47/42 and for relevant consent | processed same day | Copying request into notes straight away,

Response->
Proforma (10 practices) | Ardens/EMIS template | Copying request and report into notes once all completed | Template, which includes prompts within free text boxes | Report signed

Follow up->
Specific codes applied to report | Report saved with restricted view, Documents saved to children and parents | Safeguarding requests log | Named added to clinical meeting

Flow chart

Proformas and responses

- Every request for information should contain brief details on concern

- Context beyond medical summary
  - do not simply sent a medical summary, risk breeching confidentiality, unlikely to help assessment

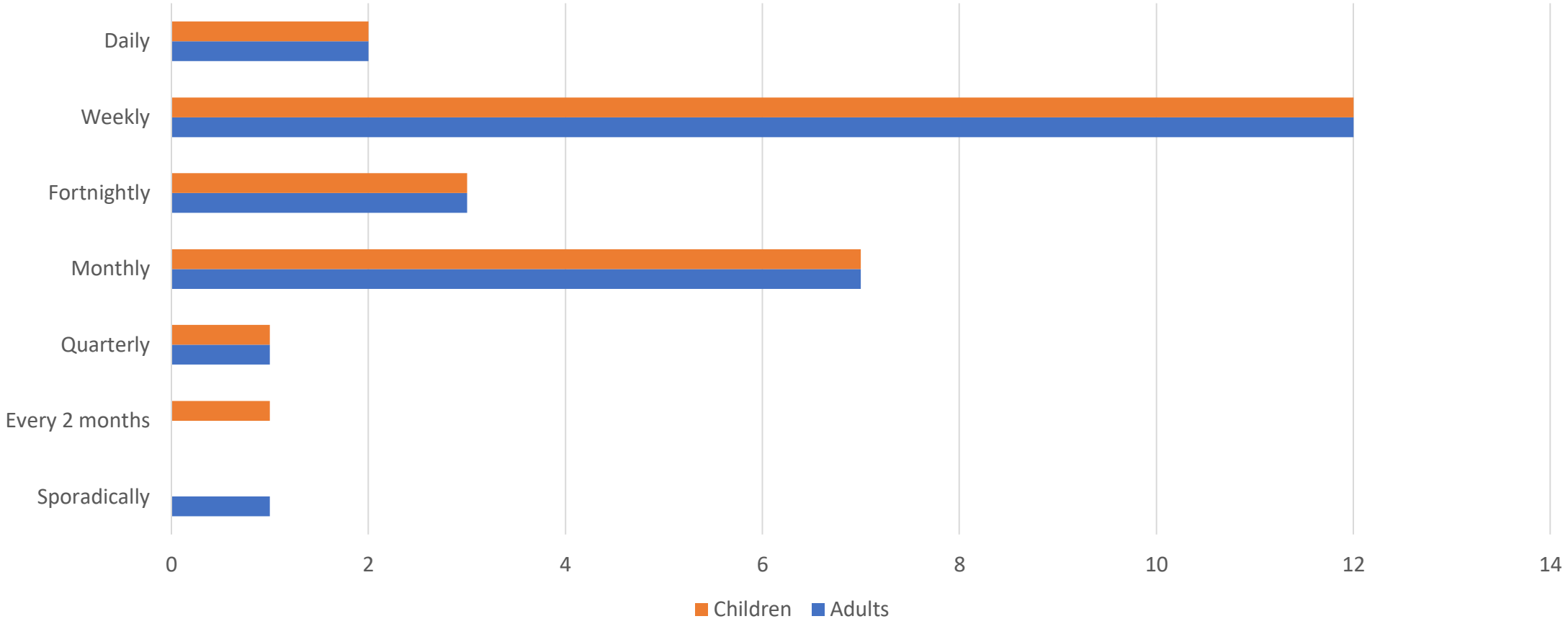
- Strengths ‘what’s going well’ and area of potential concern

- Child’s health and development,
- ‘Was not brought’, A&E/Hospital appointments,
- Impact of medical conditions
- Identified wider needs
- Factors impacting parenting capacity
- Known protective/supportive factors
- Avoid medical jargon

Information sharing advice for safeguarding practitioners - GOV.UK (www.gov.uk)

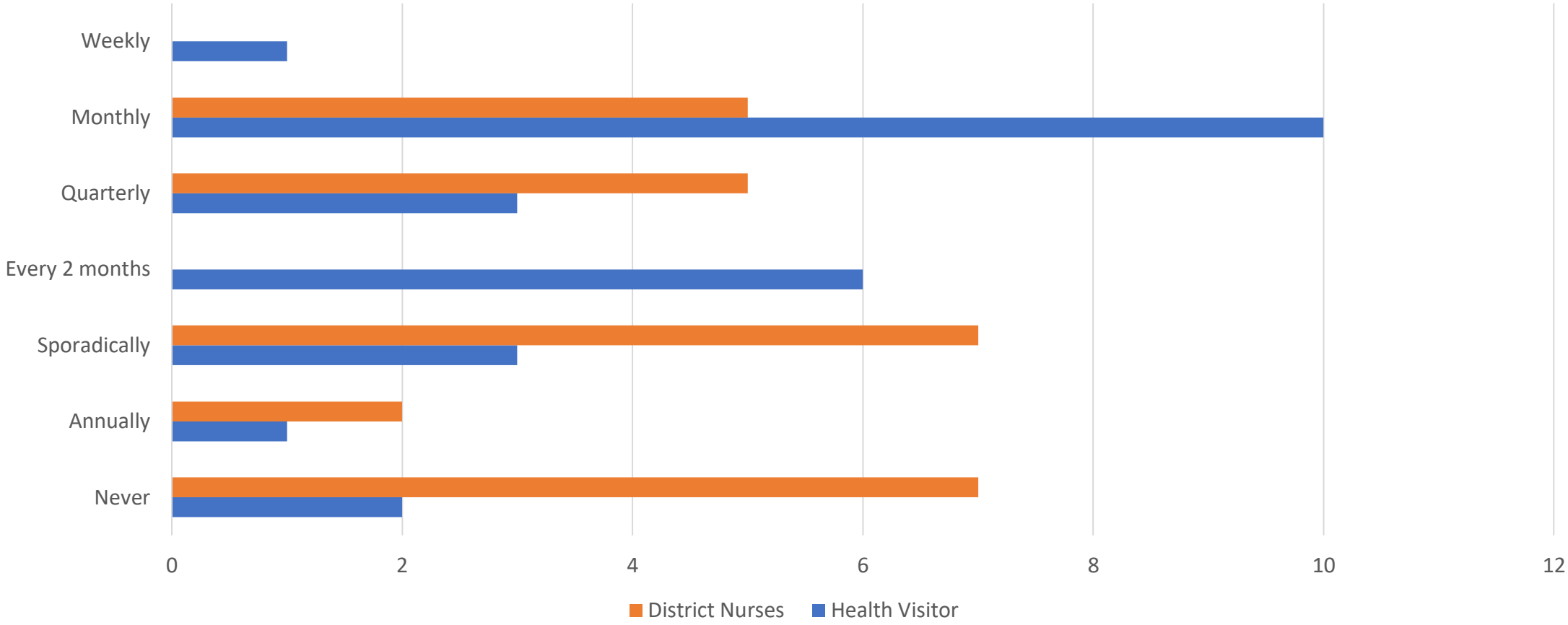
Factors with potential to affect parenting capacity

How often do you/are you able to meet as a practice team to discuss current safeguarding cases?



Several practices pointed out they have a different level of frequency to bring to non-clinical meetings as well

How often do you/are you able to meet with community colleagues to discuss cases of concern?



…Some practices provided helpful feedback

…..ON AVAILABILITY OF HEALTH VISITORS:

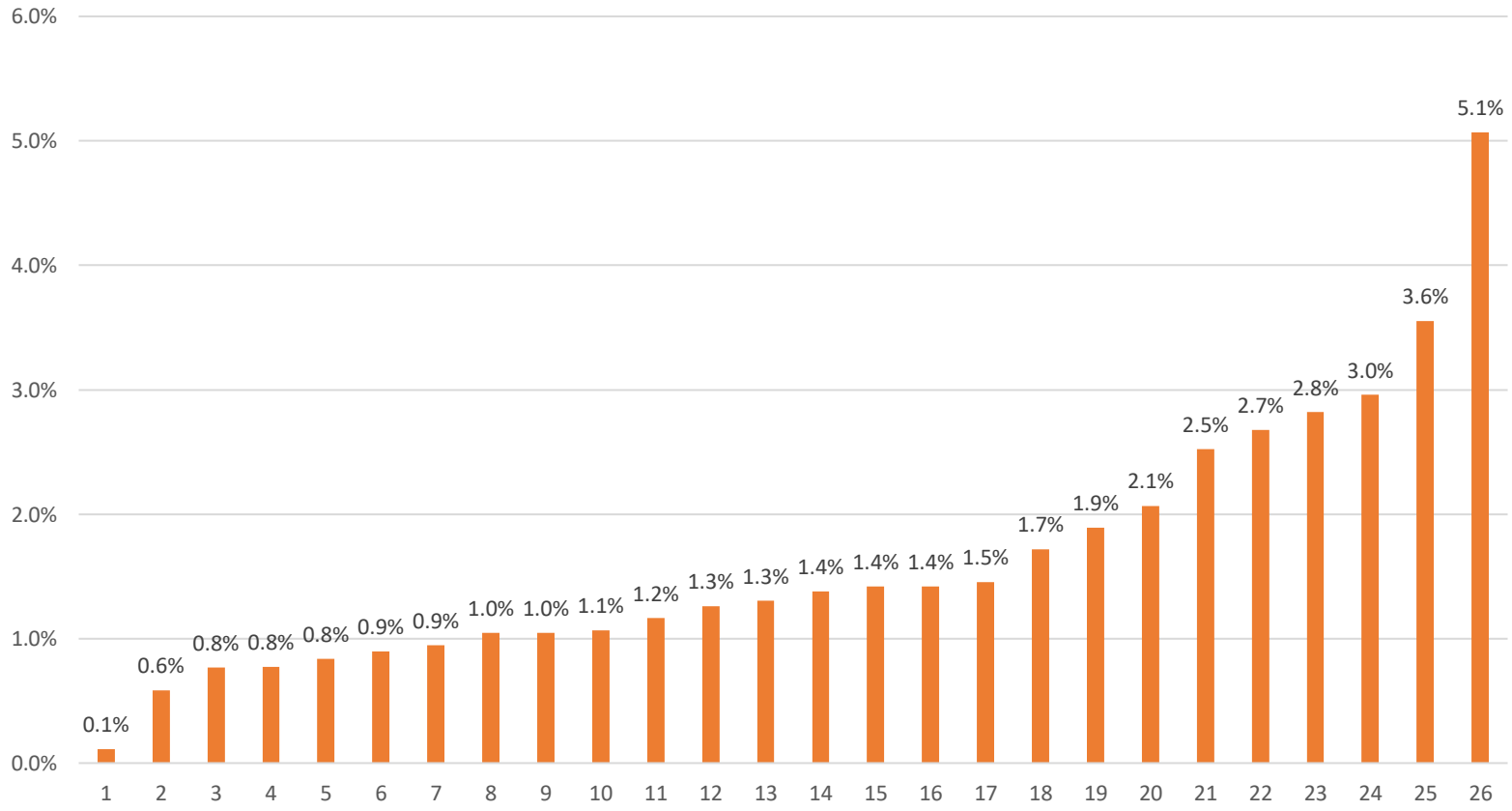
- “This is supposed to be on a 2 monthly basis; however, she has failed to attend the last 3-4 meetings”
- “Sporadically – very difficult to get the HV to engage with these meetings”
- “This is much less frequent post-pandemic”
- “we are fortunate they are based *in our building* – we can discuss on a case by case basis if needed”

……ON AVAILABILITY OF DISTRICT NURSES (frequency of attendance has dramatically worsened, in general, since last audit in 2021):

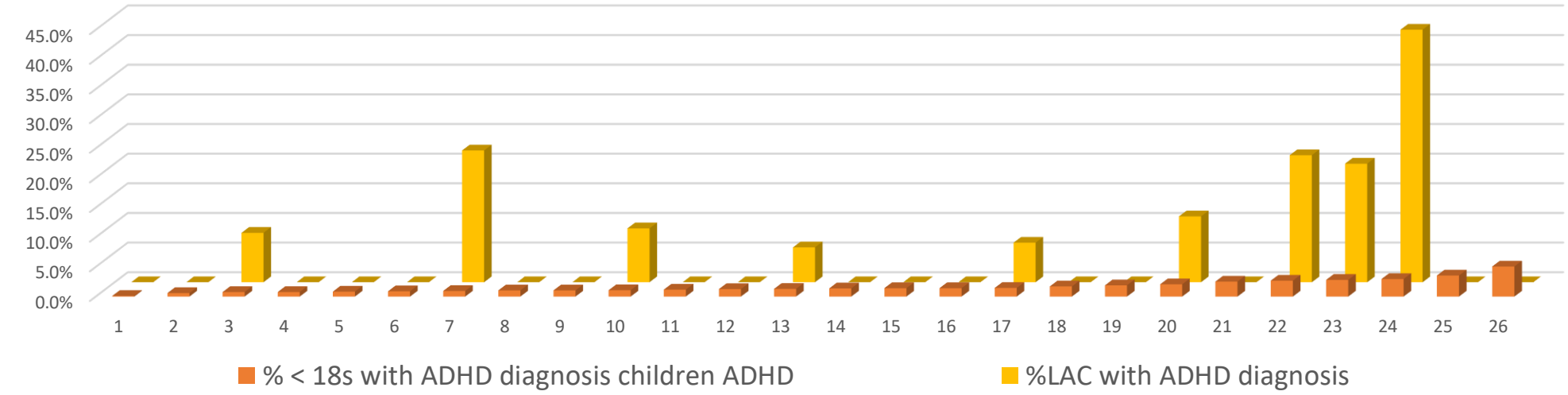
- “Sporadically and after insisting several times”.
- “we were not able to arrange meeting with DN as they don’t have capacity to do so”
- “Having difficulty arranging meetings with the District Nurses. Before covid we had quarterly meetings.”
- “Unable to have tried contacting them without luck”
- “District nursing is an issue . it very difficult to be in touch with them”
- “Never - the district nurses have not had time to attend our meetings despite being invited”.
- “Rarely- DNs have attended one planned meeting in last 12months”
- “almost never. Even when we set up meetings, no one seems to arrive. The Community Matron did come once last year.”
- “The plan is monthly on a specific date. Unless we remind District Nurses to attend they don't come and District Nurses have now missed two months of meetings, we will need to contact them again to restart. We had a specific day and time of each month and before they stopped attending they arrived on different days at different times unaware of planned meeting. Regular meetings with the District Nursing team is difficult”
- 2 practices report able to meet when they want, if necessary, because they share the same building

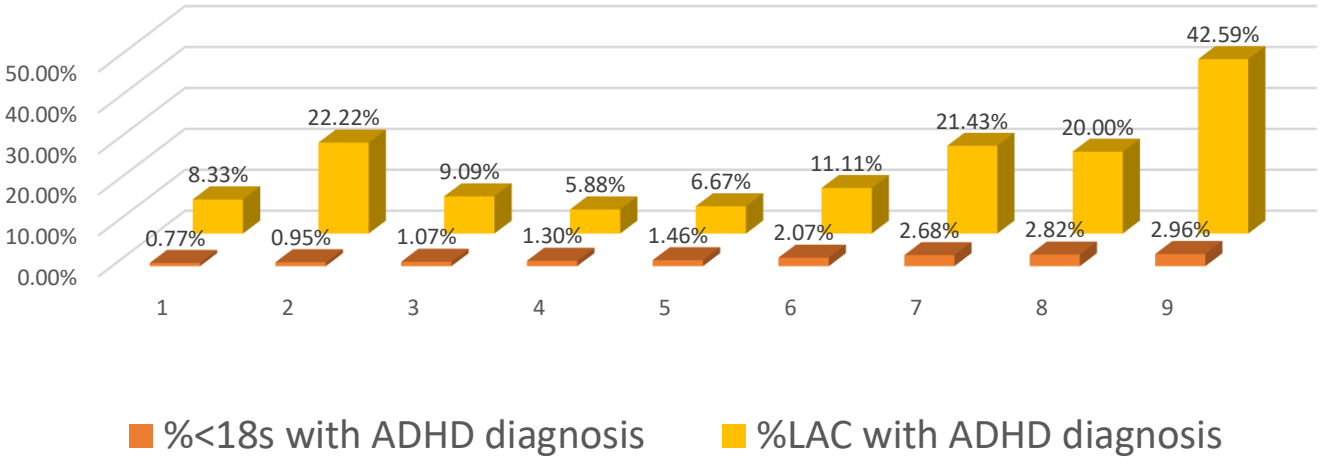
Looked After Children and Care Leavers

Percentage of looked after children within practice <18 years patient list



Looked After Children and ADHD

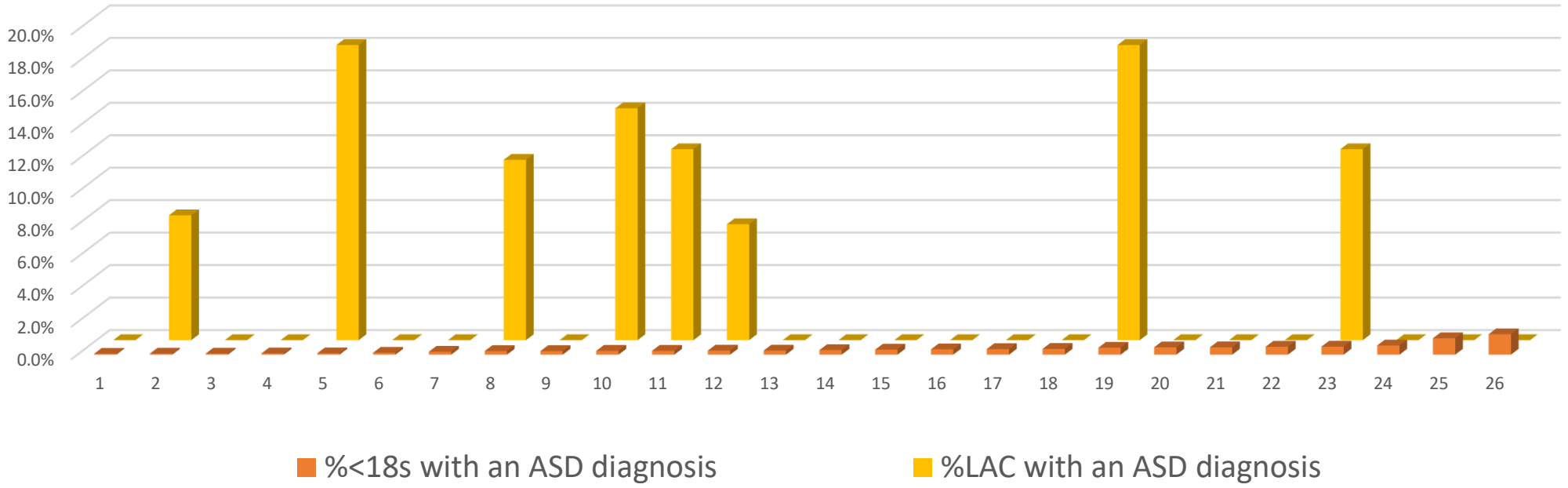


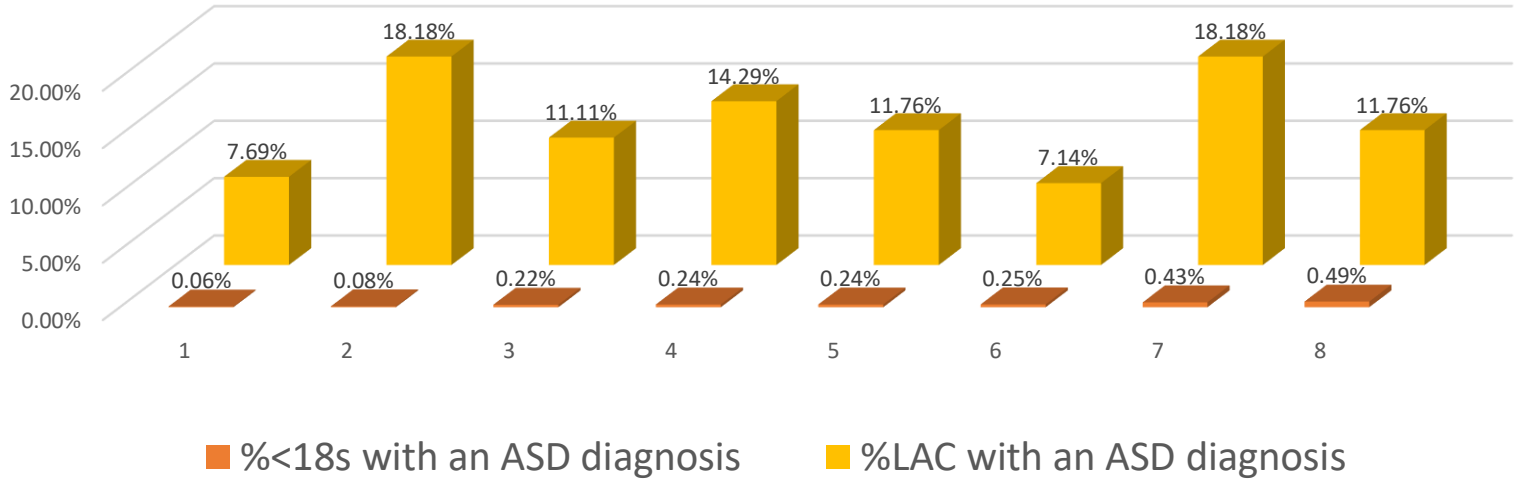


17 Practices reported no Looked After Children with an ADHD diagnosis

For the remaining the prevalence of ADHD in the LAC cohort was consistently higher

Looked After Children and ASD

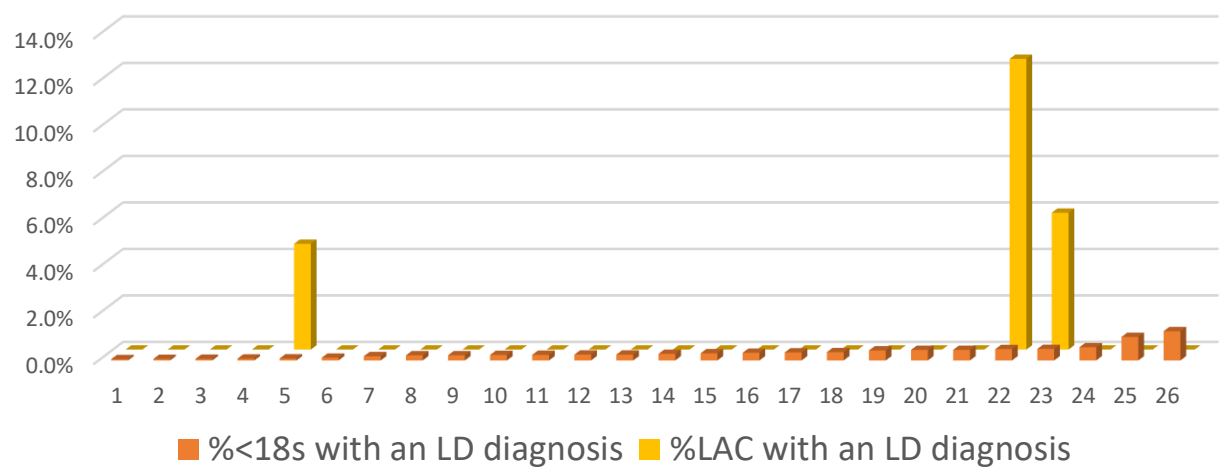


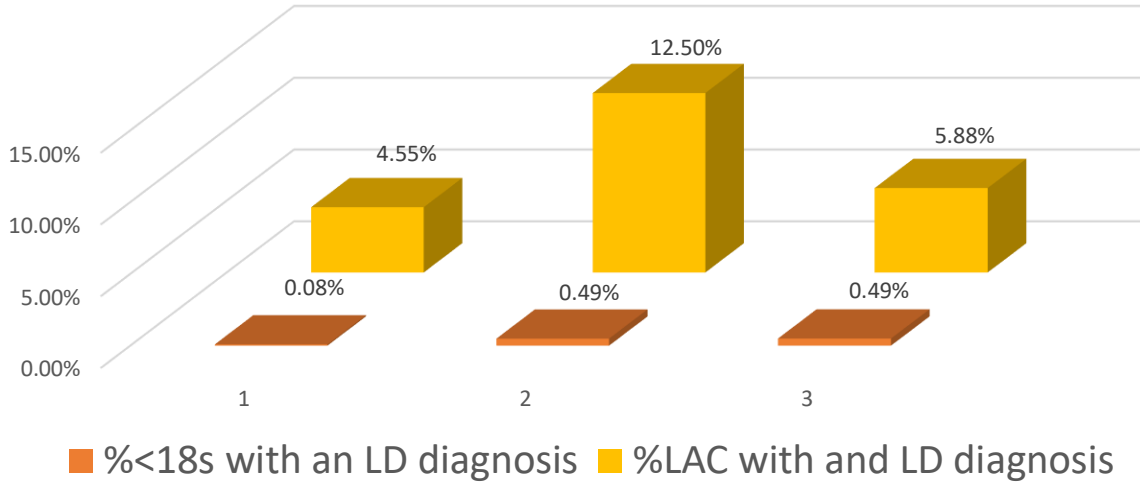


18 Practices reported no Looked After Children With ASD

For the remaining the prevalence of ASD in the LAC cohort was consistently higher

Looked After Children and LD





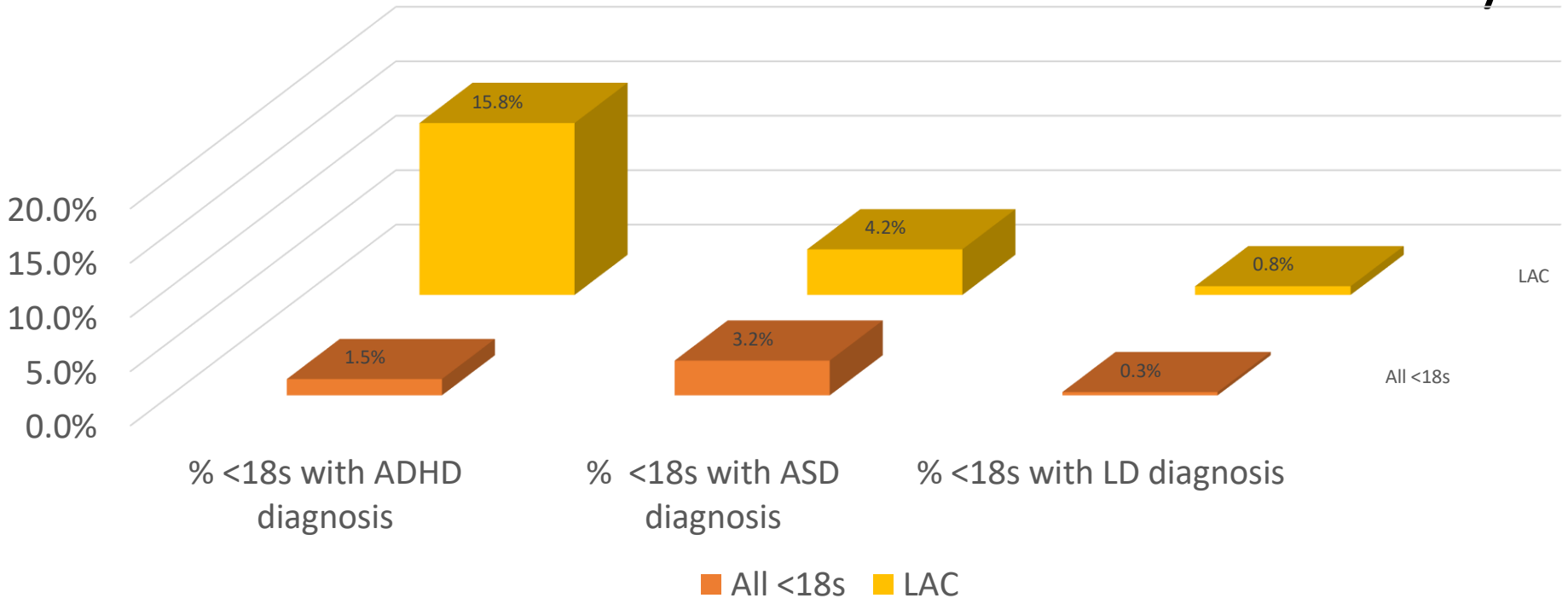
23 Practices reported no Looked After Children with an LD diagnosis

For the remaining the prevalence in the LAC cohort was consistently higher

Please share any comments on the needs of patients with ADHD/ASD/LD in your LAC cohort and/or additional areas of support the practice has identified in providing care for this group of looked after children

- Generally LAC have quite good support
- Difficult to refer a child with LD to get help -> Local Offer https://localoffer.southwark.gov.uk/
- We provide very personal care to this register
- Poor mental health services in the area. Assessment for ADHD has a long waiting list. Both these areas put patients at risk.
- This child had good support through foster carer and school, important to remain aware of unique and particular needs of this child, supporting transition to adult services
- Have not been used to inviting them in for LD health checks, we are doing it for the first time this year.

Looked After Children- over all summary



https://southwarkcareleavers.co.uk/wp-content/uploads/2020/03/Southwark-Community-Resources.pdf
https://localoffer.southwark.gov.uk/training-and-drop-ins/support-groups-upcoming-dates/

Wilkinson S, Evans S, DeJong M. Assessing autism spectrum disorder in children with a background of maltreatment: challenges and guidance. Arch Dis Child. 2023 Aug;108(8):597-600. doi: 10.1136/archdischild-2022-323986. Epub 2022 Nov 16. PMID: 36385007

NHS England » A national framework to deliver improved outcomes in all-age autism assessment pathways: guidance for integrated care boards

Autism Support Team

Awaiting/After diagnosis workshops: gst-tr.contactslt@nhs.net