 ******

**Derbyshire County Council Section 42 Enquiry Request**

This document is to be completed as comprehensively as possible by DCC Adult Care before Section 42 enquiries are tasked to external agencies/colleagues.

# Details of the adult about whom the concerns have been raised

|  |  |
| --- | --- |
| Name: | Enter text here. |
| PIN: | Enter text here. |
| Address: | Enter text here. |
| Date of birth: | Enter or choose a date |
| Date safeguarding referral received: | Enter or choose a date |

|  |  |
| --- | --- |
| Marital status: | Enter text here. |
| Accommodation type/tenure: | Enter text here. |
| Does the adult live alone? | Choose an item. |
| If no, who does the person live with? | Enter text here. |
| GP name and contact details: | Enter text here. |

# Mental Capacity

|  |  |
| --- | --- |
| Decision-specific assessments completed: | Enter text here. |
| Decision-specific assessments required: | Enter text here. |

# Additional Information

|  |  |
| --- | --- |
| Known risks to adult: | Enter text here. |
| Known risks from adult: | Enter text here. |
| Police involvement? | Choose an item. |
| If yes, please provide further details: | Enter text here. |
| Is another agency required to undertake further enquiries beyond information already shared to date? | Choose an item. |
| If yes, why? (include brief details of original referral): | Enter text here. |

# DCC Service Manager approving decision to task further enquiries

|  |  |
| --- | --- |
| Name: | Enter text here. |
| Position: | Enter text here. |
| Tel: | Enter text here. |
| Email: | Enter text here. |
| Date: | Enter or choose a date |

**TASKING AN ENQUIRY TO AN AGENCY OTHER THAN ADULT SOCIAL CARE:**

**Please complete a separate enquiry form for each agency you are asking to undertake further enquiries**

# Details of agency/colleague being asked to undertake enquiry

|  |  |
| --- | --- |
| Name: | Enter text here. |
| Agency: | Enter text here. |
| Position: | Enter text here. |
| Tel: | Enter text here. |
| Email: | Enter text here. |
| Date: | Enter or choose a date |

**PLEASE NOTE**

**For internal Derbyshire County Council use only when sending out S42 enquiry requests.**

1. **Chesterfield Royal Hospital** – requests should be emailed to: CRHFT.SafeGuardingAdultsTeam@nhs.net
2. **Continuing Healthcare Service, Derby and Derbyshire** – requests should be emailed to: mlcsu.derbyshirechcreferrals@nhs.net
3. **Derbyshire Community Health Services NHS Foundation Trust** – requests should be emailed to: [DCHST.SafeguardingService@nhs.net](https://www.derbyshiresab.org.uk/site-elements/documents/word/DCHST.SafeguardingService%40nhs.net) (for community nurses/therapists and community hospitals and not to individual employees)
4. **Derbyshire County Council Direct Care** - requests should be emailed to: ASCH.QualityandCompliance@derbyshire.gov.uk
5. **Derbyshire Health Care NHS Foundation Trust** – requests should be emailed to: dhcft.safeguardingadults@nhs.net
6. **East Midlands Ambulance Services –** requests should be emailed to: ecasnt.EMASSafeguardingManagementTeam@nhs.net
7. **Royal Derby Hospital** – requests should be emailed to: uhdb.safeguarding@nhs.net
8. **For pharmacy-related enquiries** – requests should be emailed to: england.eastmidspharmacy@nhs.net
9. **If the alleged source of risk is a GP**, please send a [Service Concerns Alert Form](https://joinedupcarederbyshire.co.uk/contact-us/raise-a-service-concern/) to DDICB.ServiceConcerns@nhs.net
10. **NHS funded care homes** – requests should be emailed to: ddicb.carehomes@nhs.net

# Section 42 enquiry action required

**Adult Care: please state below the SPECIFIC QUESTIONS you are tasking the agency to make enquiries about and please consider:**

* What we are still worried about? (dangers/risks-actual or at risk of happening)
* What is the view of the adult/their representative about the concerns and the outcome they want?
* What other information we require?
* Any other complicating factors?

|  |
| --- |
| Enter text here. |

|  |  |
| --- | --- |
| Date information required back by: | Enter or choose a date |
| Information to be returned to: | Enter text here. |
| Name | Enter text here. |
| Position: | Enter text here. |
| Tel: | Enter text here. |
| Email: | Enter text here. |

# External agency response to the above request to undertake a Section 42 enquiry

**Please use a separate sheet if necessary.**

|  |
| --- |
| Enter text here. |

*End of document-*