Peter

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OA SAFEGUARDING LEAD

SURREY & BORDERS PARTNERSHIP NHS FOUNDATION TRUST

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Safeguarding Adults Reviews (SAR) - Surrey Safeguarding Adults Board (surreysab.org.uk)

Purpose of SAR

- Establish whether there are lessons to be learned from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults.
- Review the effectiveness of procedures (both multi-agency and individual organisations).
- Inform and improve local interagency practice by acting on learning (developing best practice).
- Prepare a summary report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action.
- Review covers the period from November 2019, (when Peter was assessed by Surrey Council's Adult Social Care department as at risk of exploitation and in need of care and support to prevent harm arising from self-neglect) until his death in October 2021.

Background

Peter fell from train platform

Met mandatory criteria for care review under s44 of Care Act 2014.

50-year-old male with multiple physical health conditions.

RTA: amputation/ sub-arachnoid haemorrhage/ epilepsy/ sub-dural haematoma

H/O alcohol abuse leading to impaired mobility, poor selfcare, erratic compliance with medication and behavioural disturbances when inebriated culminating in loss of accommodation/ criminal charges.

Police & probation/ MH/ Acute hospital ED/ SHBC/ SCC/ Hope Hub Charity involved.

CHaRMM/ Surrey Adults Matter

At his death, had been out of prison for two days/ SHBC accommodation at Datchet.

A ‘lovable rogue’, polite, thoughtful, proud and intensely shy/ did not find it easy to ask for or accept assistance.

Family as an important protective factor.

Daughter: commend the work of staff, particularly from the Hope Hub.

Concern: professionals did not appear to recognise the deterioration in his cognitive functioning.

2019

In prison

Evicted

Assessed by social worker:

If in structured environment/ abstinent from alcohol – can manage ADLs

Appointeeship – if he doesn't object

Assessed by forensic psychiatrist:

Alcohol dependence

Lacked capacity to comply with CBO (Criminal Behaviour Order)

2020

January

Released from prison

Surrey Adults Matter Programme

Team Around Person

Pilot trauma-informed care

SAM Lead/ SW from Hope Hub/ Probation Officer/ Social Worker/ Housing Options Worker/ i-Access worker (if engaging with services)

April

Recalled to prison

2020

May
Discharged without accommodation
Hope Hub to assist with nightly paid boarding
SHBC Housing Options
i-Access
Adult Social Care
June
Vulnerable to exploitation
Support with accommodation
Struggles with ADL/ risk of self-neglect/ care of the stump/ ill-fitting prosthetic

2020

September-December

Housing and relief provision

i-Access and Probation Services withdrew from TAP

ED multiple presentations with suicidality under the influence of alcohol/ MHA carried out/ when sober low risk of suicide/ not admitted

TAP minutes – discussion about Korsakoff's psychosis but no action

2021

February

Risk of cuckooing

Beaten up twice

March

Wrap around support provided by TAP

Not engaged with group work/ alcohol rehab

Planning discussions at the TAP meetings were staled awaiting confirmation regarding his capacity to sign a tenancy, manage his finances and consent to care and treatment plans.

2021

May

Increasing use of alcohol

June

Evicted from B&B

Continued to access Hope Hub

No longer eligible for social care needs

August

Charged with assault and criminal damage

CJLDS: Samaritans/ i-Access/ CALM/ Crisis Line/ SANE/ GP/ Psychoeducation about impact of alcohol on physical and mental health/ GP for leg ulcer/ Referral to Out Reach

2021

September -October
Suspended sentence activated and returned to HMP Highdown
Intoxicated/ in healthcare unit/ brief alcohol intervention service/ not referred to Prison Social Care
3 days later delirious and transferred to St Helier followed by continuing with detox in prison
Refused engagement Forward Trust
Seen by psychiatrist ? Korsakoff's
14 separate negative behaviour warnings and, by the 04.10.21, he was placed on '3 officer unlock'
TAP forward planning with discharge from prison and accommodation
TAP Chair was going to escalate the lack of available accommodation options for Peter to the next SAM Steering Board
medical unit gave him a discharge summary, but this was not passed to his community GP or members of the TAP

Good Practice

Peter benefitted from good cooperation and clear processes for continuity of care on two out of the three times he was incarcerated during the review timeframe.

Surrey partner agencies have established protocols for co-operation, including the Surrey Adult Matters(SAM) approach and there is evidence of good practice between the local authority and partner agencies, but this was not consistent or firmly embedded.

Themes

Given Peter's history, how well did partners understand their organisational duties; did they work together and with him to implement effective plans to reduce risks including through the Make Every Adult Matter Approach?

How effective and well-coordinated was care planning at key points of transition such as hospital discharge and prison release, were continuity of care obligations understood and applied when he was placed out of area?

How effective was the multi-agency response in recognising and responding to prevent an escalation of Peter's mental health and risk of self-harm/ self-neglect?

Discussion

- Role of diagnosis: impact of TBI & alcohol-related cognitive impairment
- Limitations of legal powers: scope for MCA-DoLS & COP and Care Act as well as MHA
- Legal literacy: fluctuating capacity/ importance of longitudinal assessment/ involvement of specialists and diverse professionals.
- Lack of services: accommodation-support services/ addictions services/ SAM in infancy.
- Process for escalation to involve senior management in conflicting and complex decision making.

Recommendations

1

The SAM provide guidance for members of a TAP to include:

inclusion of the adult, their carer or people important to them.

inclusion of health professionals, particularly for those where there are concerns regarding ABI or cognitive decline associated with long-term substance misuse/ alcohol dependency.

when it would be appropriate for partner agencies to request medical or legal expertise in respect of an adult's capacity to make decisions.

an escalation process to the SAM Steering Board that requires the swift involvement of a multiagency senior leaders (and budget holders) in resolving disputes or reviewing entrenched cases.

how the SSAB and SAM Steering Board will report emerging themes or safeguarding issues to the Health and Wellbeing Board and disseminate key learning or system improvements back to frontline staff.

2: relevant partners have delivered training or developing materials alongside relevant partners/ impact of this has been tested, e.g. through audit activity.

3: work with partners from prison, probation and prison-based health providers to develop protocols for the sharing of information and referral pathways.

4: in collaboration with their liaison group and national leads, how best to ensure that prison and community-based services have robust information sharing and discharge processes.

5: seek assurance that partner agencies have trained their staff, including those who will be involved in any TAP, commissioning and brokerage staff on the expectations regarding continuity of care.

6: Health, public health and social care commissioners should review data and thematic reports from the SAM to explore the gaps in mental health support available for those at high risk due to addiction/ report to the SSAB if an early intervention model, aligned to the Make Every Adult Matter and SAM approach.

7: seek assurance from SCC and the ICB that services commissioned to provide specialist mental health and addiction support are available to provide advice to SAM and any TAP/ commissioning sufficient local accommodation-based support