

Merton Safeguarding Adults Board

7 minute briefing RE: SAR for SK



7

Findings and Recommendations following SAR

6. When Merton residents are admitted to hospital outside of the area, their needs for assessment for care and support on discharge are not always assessed. Recommendations that hospital trusts ensure adequate discharge planning is undertaken following referrals to ASC, including through an audit of a sample of cases

7. Referrals for self-neglect are not currently always sufficiently assessed by ASC, or shared with Mental Health Services, to establish whether the criteria are met for Section 42 Enquiries to be undertaken. Recommendations to explore the systems in place for ASC to respond appropriately to referrals for safeguarding enquiries into self-neglect and may require a referral to the CMARAC as part of the response.

8. That referrals for the assessment are not always currently undertaken in line with the requirements of the Care Act 2014 where an adults needs arise as a consequence of a substance misuse problem. Recommendations relate to the assessments of needs for care and support, including eligible needs which may arise for adults with substance misuse problems, involving independent advocacy services, and mental capacity assessments where appropriate. Children who are providing care are referred to Children's Services if they are thought to be in need or at risk.

6

Findings and Recommendations following SAR

4. Consideration of the use of the Mental Health Act 83 to assess SK's needs for any mental disorders arising from her alcohol use was not done in line with the revised guidance in the Code of Practice accompanying the MHA 2007 amendments Recommendation that Mental Health Services have adequate guidance, systems and processes in place to suitably assess mental disorders arising from substance misuse problems, where adults present with alcohol related brain damage, such as confabulation, forgetfulness and confusion when the person is not intoxicated.

5. Where adults make frequent calls to emergency services it is challenging to determine the true need for either urgent health care. This may result in the inappropriate use of these resources, however following this contact subsequent information sharing from emergency services about health and/or safety risk should be adequately followed up by the relevant agency.

Recommendation for an adequate review of the ASC response to Merlin reports (highlighting either safeguarding or mental health concerns following police attendance), to establish that these concerns are sufficiently responded to and information sharing as part of the Coordinate my care approach to health services

5

Findings and Recommendations following SAR

3. If Substance Misuse Services limit involvement with adults who have problematic alcohol use to just arranging inpatient hospital alcohol detoxification, without providing ongoing support before, during and following such an admission, this adversely affects that adults' ability to make sustained change. Also, if abstinence is insisted upon this may exclude problem drinkers from engaging with services.

Recommendations for the commissioning and delivery of substance misuse services including sufficient provision for ongoing assertive outreach support and harm minimisation for people with the most problematic alcohol use and to prioritise clients at most risk through the adoption of the Blue Light Approach

1

Rationale for Safeguarding Adults Review (SAR)

The MSAB received a referral for SK in February 2018, a month after her death, from Merton Centre for Independent Living (MCIL). The concerns raised by MCIL at this time centred around the long delays in getting support in place for SK, and the concerns raised regarding the discharge from hospital shortly before her death. The SAR explored whether the views about SK adequately reflected her complex situation and if her care may have been delayed due to a failure to recognise her needs and to work effectively with health and other agencies.



2

About SK

SK's parents were from Guyana she grew up in Balham. She left home as a teenager and moved to North London with her partner, with whom she had 4 children. She returned to a family home Merton in 2006 and by this time, was drinking alcohol heavily. She experienced a series of stressful life events including an abusive relationship and bereavement, affecting her mental wellbeing and an increase in her reliance on alcohol. She was referred for help with her alcohol dependence on a number of occasions, but struggled to engage with this. Her self care was poor and her children cooked and cleaned for her at home. She developed a number of physical health problems, including liver damage and associated ascites, related to her alcohol use. SK passed away in hospital in 2018 as a result of these.

3

Engagement with services

SK engaged with services sporadically, although had a very good relationship with both her GP and a Community Matron, who both supported her with regular home visits. She was also supported in 2016 and 2017 by voluntary sector services (MCIL and Ability Housing) who assisted her with practical issues such as finances and advocated for her with statutory services. SK made frequent calls to both the police and LAS, often when intoxicated, her children became used to emergency services attending the home. Both LAS and Police raised concerns with Adult Social Care about SK following some of these visits, which were usually about self-neglect and a possible mental health problem. SK was seen on several occasions for support with her alcohol dependency and had a hospital admission during the review period at which she was detoxed from alcohol, however she relapsed on her return home. She continued to drink throughout the review period against medical advice. She was assessed for her needs by adult Social Care but not found to be eligible for services, based on her needs arising from her substance misuse problem. She was seen by Mental Health Services in the community on one occasion, at which point her needs were primarily resulting from her alcohol dependency.

Findings and Recommendations following SAR

1. The management of chronic physical health problems arising as a consequence of alcohol addiction are challenging, especially where an adult is unable or unwilling to comply with medical advice and treatment in the community. This puts considerable resource pressures on Primary Care Services and requires cooperation and support from specialist alcohol services. Recommendations relate to information sharing to agree a joint health and social care plan to assess and manage the risks for problem drinkers, including guidance to better estimate level of alcohol consumption.

2. Adults with significant alcohol problems do not always receive sufficient assessment where concerns are reported about their mental health, either as a cause or a consequence of their alcohol misuse, whether they are in hospital or in the community. Recommendations relate to better assessments of mental health including home visits to understand the impact of trauma on alcohol consumption as