7 Minute Brief – SAR Bernard

Reason for SAR and background:

Swindon Safeguarding Partnership (SSP) commissioned a discretionary Safeguarding Adult Review (SAR) to explore how well partners respond to concerns of self-neglect & step-down transition planning from supported housing to sheltered housing.

Bernard, a man in his 60s with a history of schizophrenia and inpatient treatment under the (Mental Health Act 1983) moved from supported accommodation into sheltered housing. He started to experience an increase in health needs and would often decline support offered to him, leading to concerns for self-neglect. Bernard was spoken to as part of the review but decided he did not want to be further involved.

Mental health vs. physical health

The review highlights that existing structures & commissioned service provisions do not adequality meet the needs of those experiencing mental health and physical health needs. During periods of increasing mental health, Bernard would decline support which impacted on him meeting his physical needs, leading to self-neglect which in turn impacted back on his mental health needs.

Physical and mental health needs must be considered together when care planning and commissioning services. Partners need to consider how to strengthen collaborative commissioning & service design to develop integrated models of support for adults with complex intersecting needs.

Transitional step-down planning

Stepping down to a reduced care provision should include consideration of possible risks & contingency planning should things not to plan. These should be robust & have flexibility built in, to support a responsive reaction to changing or fluctuating needs.

The Welfare and Safety Plan can be utilised to support some of this contingency planning by setting clear concerns for welfare & safety.

Mental Capacity

There was evidence to suggest that Bernard may have benefited from a Mental Capacity Assessment (MCA) regarding his care and support needs / diet management (e.g. coeliac diet & diabetes management). Information suggested a potential risk of fluctuating capacity and / or executive functioning challenges. MCA's should not be fragmented and should consider the interlined impact between physical health needs & mental health needs.

Presumption of capacity is principle 1 of the Mental Capacity Act, however, where there is evidence that a person may not be able to act on the information a mental capacity assessment looking at executive functioning can better support the person & care planning.

Safeguarding

Screening processes for safeguarding referrals did not always account of cumulative risk & limited the potential for coordinated action.

Multi-Disciplinary Team (MDT) working

Effective MDT working & information sharing may have helped to link health & social care needs together more clearly, particularly when considering mental capacity. There was a particular gap between health & social care being aware of who was working with Bernard & joining together to support him as an effective multi-agency who is sharing risks.

MDT Meeting Guidance & Proposed Agenda

Learning Resources:

7 Golden Rules of Information Sharing

Process for the Resolution of Professional Disagreement

Professional Curiosity

Mental Capacity Act Webinars (including fluctuating capacity)

Safeguarding Adults Team Decision Support Tool