Background

Simon, was a man in his mid-thirties who died from multi organ failure and liver disease. The final years of his life are characterised by chronic dependent drinking, chaotic behaviour, aggression to and from people around him, repeated poor engagement with public services, declining health and an overriding pattern of loss and bereavement.

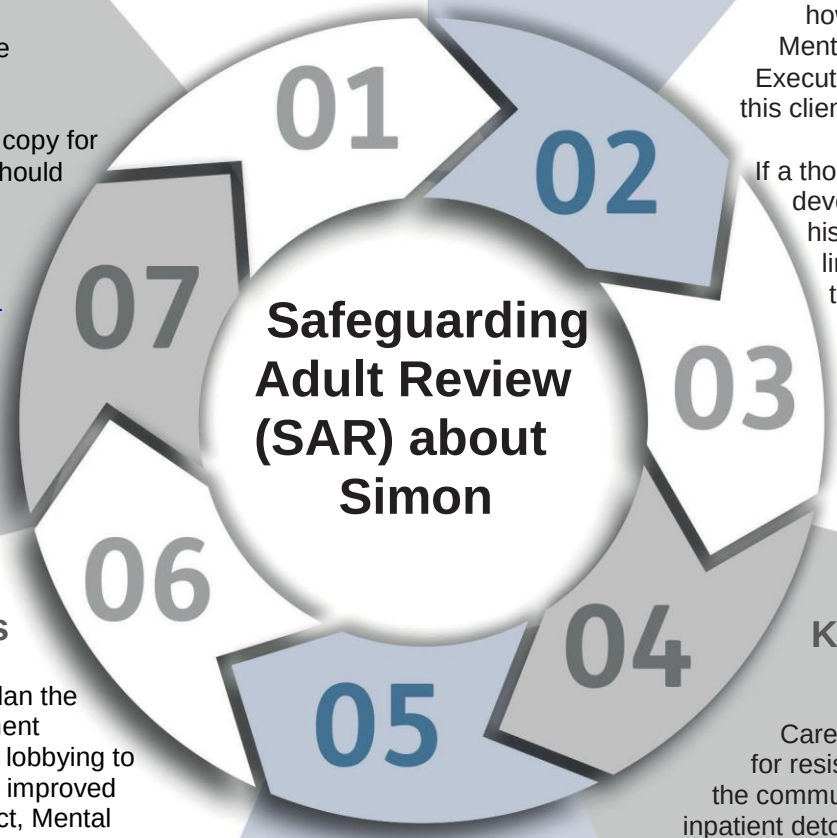
Following his marriage breakdown, during the last years of his life Simon lived in temporary accommodation or was homeless. He had a pattern of domestic abuse against his ex-partner and spent time in prison for breaching restraining orders. Following his release he was under the Probation Service.

Further Reading

To maintain anonymity an Executive Summary will not be published on this occasion.

Should practitioners require a copy for training purposes, a request should be made in writing to:

Havering Safeguarding Adults Board



Background

Simon had 29 contacts with the mental health service following his suicide attempts, but either absconded from hospital or did not follow up on support. Between 2016 and his death in 2021 there were 105 London Ambulance Service callouts, mostly to treat pain.

Simon had 6 episodes of treatment with alcohol services following a period of rough sleeping.

He was placed in hotels, his last accommodation being a supported living unit that did not allow drinking and this led to conflict.

Key Findings

Practitioners should work more effectively to consider how the Care Act, the Mental Capacity Act and Executive Capacity apply to this client group.

If a thorough chronology had been developed whilst Simon was alive, his repetitive behaviours and its link to his physical health and trauma would have been identified.

A thorough risk assessment is also important for clients who disengage from services and consideration should be given to cultural needs.

Key Findings

Those who commission and plan the development of alcohol treatment services may wish to consider lobbying to national government for either improved guidance on using the Care Act, Mental Capacity Act and the Mental Health Act with this complex group; or new legislation to better meet their needs.

Frontline staff need to be reminded of the importance of the inter-connected issues of both smoking and fire risk with vulnerable clients.

Professionals need to be clear on the national guidance on how ordinary residence is affected by being placed outside of the home local authority.

Key Findings

Care Plans should be made for resistant drinkers whilst in the community, followed by inpatient detoxification and residential rehabilitation. Evidence now identifies what works with chronic dependent drinkers and is clearly summarised in. Alcohol Change UK's Blue Light Manual.

At its core: a care package of intensive outreach; a multi-agency management group to guide and support; consistence and persistence to allocate time to the task.

To find out more about Alcohol Change please click here

Key Findings

Despite a significant amount of multi-agency working, staff needed to have a clearer understanding about the remit and the roles of other agencies to enable them to challenge and hold partners accountable.

Consideration should be given to whether Havering would benefit from having a specialist multi-agency forum that focuses on this client group.

Beliefs that clients, like Simon, are choosing this lifestyle need to be challenged. This will require training and awareness raising and should include the impact of brain injury on the behaviour and mental capacity of people who are dependent on alcohol.

Havering Safeguarding Adults Board

7-minute briefing