

Background

CM took his own life in October 2017, aged 93. He and his wife were known to a range of agencies due to chronic health problems, for which CM was taking 21 medications. In the year prior to his death, there had been a significant deterioration in CM's physical and mental health resulting in multiple calls to Emergency Services for reasons including feeling unable to cope at home and suicidal thoughts. He was hospitalised eight times during this period. CM had suffered with depression since service as a soldier in the Second World War, during which he received a bullet wound, experienced a gas attack that affected his vision, and witnessed many fellow soldiers be killed or injured. He tried to take his own life three times and intermittently self-harmed. Later in life, his depression was exacerbated by loss of his son and two grandchildren.

Further Reading

If you would like more information on the SAR about CM, please refer to the published [executive summary](#).

To receive information about the Havering SAB's multi-agency training programme, please email:

safeguardingpartnerships@haverling.gov.uk

Background

CM had disclosed his low mood and suicidal thoughts to family members and to health and social care professionals. The presence of his wife at home, together with family contact, acted as a protective factor and a reason for living. On one occasion when his wife was admitted to hospital, clinicians also admitted CM for his own safety following concerns he would be at risk of self-harm if at home alone. In October 2017, after a fall, CM was admitted to hospital and three days later was discharged home with care and support services. Unfortunately, at the same time as he was being discharged, his wife was admitted to hospital for in-patient care. CM received support from his family and the care agency that visited four times per day until he took his own life five days after being discharged.

Review

Following the inquest into CM's death, the Havering Safeguarding Adults Board (SAB) commissioned a SAR in May 2018, as key criteria had been met, including concerns about how relevant agencies had worked together to safeguard CM. The SAR was led by an Independent Reviewer and many local agencies involved in the care of CM and his wife took part. The SAR report, produced in November 2018, recommended several professional and practice-related improvements to multi-agency systems.

Safeguarding Adult Review (SAR) about CM

Key findings

Collaborative approaches.

Opportunities to initiate multi-agency safeguarding procedures were missed. Situations involving increasing levels of risk require collaboration between agencies. They also require inclusion of family members in planning if available, where appropriate, and with regular review of the individual's consent for their involvement. This can enable shared recognition of risks and joint planning to manage and mitigate them.

Safeguarding concerns may cover a range of issues, some inter-related and some stand-alone. Effective preventative strategies require holistic approaches to risk assessment and planning, supported by multi-agency training.

Key finding

Hospital-related issues. CM attended hospital, via Emergency Services, on twelve occasions in the year before his death. Recognising and reviewing patterns of frequent attendance and admission can help to identify increasing risks to health and well-being. Synchronised discharge arrangements that take into account complexity of individual need and address identified concerns can support patient transitions from hospital to the community. Similarly, the sharing of information, assessments (including of risk), and care and treatment plans can facilitate joint working across agencies, teams and professionals involved with the same individuals. Electronic record systems accessible to different organisations and staff can support effective information sharing.

Key finding

Recognition of the complexity of need and co-ordination of the care, support and treatment a person can receive from a range of health and care professionals. Agencies responded to CM's physical and mental health needs on an individual level but there was a lack of overall co-ordination and overview from one agency or professional, and inconsistent joint-working across agencies. A holistic and systemic approach that recognises and manages multiple risk factors, together with knowledge about how to escalate concerns, would help co-ordinate care provision. This would include mental-health-related risk factors and recognition of their impact on physical health and functional deterioration.



7-minute briefing