



APPENDIX 2

Teeswide Safeguarding Adults Board

Learning from Regional and National SAR Cases:

Title of Review:	Peter – SAR Briefing
Theme of Review:	Mental capacity, alcohol misuse and change resistant drinkers, no recourse to public funds
Local Authority:	Cambridgeshire & Peterborough
Date Published:	September 2020
Link to Report:	https://www.safeguardingcambspeterborough.org.uk/download/peter-briefing/

Case Details:

Peter was a 45 year old man who was born in Poland and came to the United Kingdom around 2008. Peter was employed in Poland as an IT consultant, but was unable to find employment once he arrived in the UK. He was married twice and became estranged from his second wife, at this time it was recorded that he had sought support from his general practitioner for suicidal ideation and alcohol misuse.

Peter returned to Poland for a short time and whilst there he sustained a serious head injury. Peter explained to some people that the injury was from being assaulted and to others that he had been involved in a car accident. As a result of the incident Peter's frontotemporal region of the brain was damaged and he experienced memory difficulties, headaches and black outs. On returning back to the UK from Poland he had no recourse to public funds, due to his immigration status, and as a result was homeless spending 'extensive periods' living and sleeping on the streets. Peter suffered from alcohol dependency and due to his lifestyle was regularly admitted to hospital. It is recorded that he attended hospital on 25 separate occasions either due to being intoxicated or from sustaining injuries. Numerous agencies made extensive efforts to engage with Peter to access support, however he refused and did not wish to access the help offered.

Peter died from a cardiac arrest after falling into the River Cam in December 2018.

Key Findings

- 1) Peter was rarely sober but on the two occasions noted where he was, he was assessed as having capacity. Given that Peter abused alcohol and to a lesser extent controlled drugs these **factors presented as a challenge for professionals to effectively assess his mental capacity.**
- 2) When undertaking assessments, **professionals need to be aware of Alcohol Related Brain Damage as a mental health condition** and how this may impact on an individual's behaviour.
- 3) A number of charitable housing associations offered Peter somewhere to sleep and a place of safety. Two weeks prior to Peter's death the local authority progressed a housing application with the support of the agencies working with Peter. Unfortunately, the application was denied due to his immigration status. **Professionals need to have a greater understanding of the duty of care under the Care Act 2014 and what is available for those individuals' who have no recourse to public funding.**
- 4) Attempts had been made to involve adult social care by referrals made from agencies for safeguarding concerns. Unfortunately, at those times **Peter's case was either assessed as not**

meeting thresholds or that the criteria for a section 42 enquiry had not been met despite Peter demonstrating severe self-neglect which impacted significantly on his health needs.

- 5) The damaging effect of Peter's alcohol use was recognised but despite numerous attempts to engage Peter with alcohol and substance misuse services he chose not to engage and regularly articulated his lack of desire to alter his drinking habits. It was established during the SAR practitioner's event all agencies strongly believed that there needed to be **a whole systems and holistic approach to change resistant drinkers.**
- 6) Peter's money to fund his lifestyle was achieved by street donations from well meaning members of the public. Community protection warning notices were issued to prevent Peter from frequenting areas where he could gain income from passers-by. the warnings were put in place far too late in Peter's drinking pattern and at a time when Peter's health had significantly deteriorated. **If a co-ordinated professional response had used these preventative tools earlier on, this might have positively impacted on Peter's behaviour and restricted his drinking habits.**
- 7) The hospital had in place a hospital discharge process for patients who are homeless with a view to finding suitable accommodation on discharge. **On many occasions Peter self-discharged, however even when discharged by the hospital this process was not followed.**
- 8) **Professionals working within hospital settings should be aware of the Homeless Hospital Discharge Protocol** and ensure that it is consistently applied for each and every homeless person's hospital admission. **The Local Authority, District Councils and Housing providers should also be aware of the Homeless Hospital Discharge Protocol and of their roles and responsibilities within it.**

Key Findings Relevant to the Teeswide Safeguarding Adults Board

- 1) Do agencies need to focus on encouraging members of the public to give support to the homeless by other means instead of direct cash donations? What is in place across Tees?
- 2) Is there a homeless hospital discharge protocol across Tees?