



# Premature deaths – thematic review

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## **Referred cohort**

- Six individuals;
- Five men and one woman
- Died between the ages of 24 and 54

# Multiple Complex Vulnerabilities

Exploited Adults

Substance Use

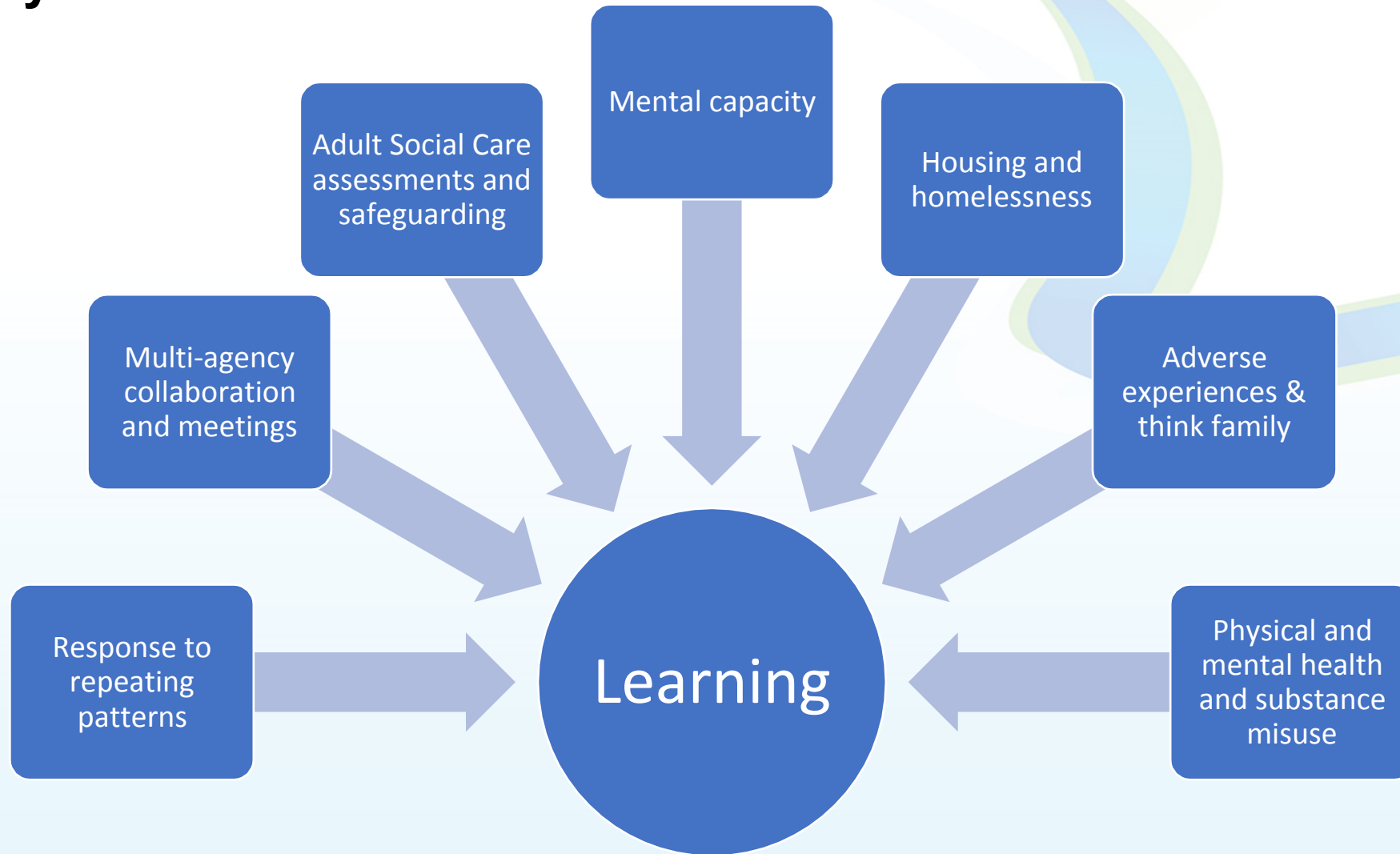
Homelessness

Criminal Justice

Poor Mental Health



## Key themes



## Responses to repeating patterns

- No apparent coordinated response to frequent A&E attendance
- No apparent change of approach to repeated “did not attend”, non-engagement and/or dis-engagement?
- Insufficient outreach and in-reach to facilitate engagement and completion of assessments and work plans?
- Very few multi-agency meetings.
- No apparent pathway into multi-agency meetings when there is a risk of significant harm that requires a multi-agency response?

## **Multi-agency collaboration and meetings**

Complex adult risk management pathway.  
Project Brave for those with multiple and complex needs.

Is a system now embedded of coordinated assessments and interventions,  
with appointment of a lead agency and key worker?

## **Across the system**

- Care and support assessments or safeguarding?
- Drug and/or alcohol abuse seen as a lifestyle choice and unwise decision-making
- Considerations of mental capacity?
- Sufficient provision of wrap-around support
- Trauma and adverse childhood experiences?
- Sufficient focus on the background?

## **Mental health and substance use**

- Mental health challenges vs enduring mental illness?
- GPs role in monitoring and responding to individuals' mental distress.
- Are professionals routinely identifying substance misuse in their clients?
- Joint working when there are multiple complex needs and risks related to substance misuse?
- Dual diagnosis?
- How well do mental health and substance misuse providers work together?



## Physical health

- How well do primary and secondary health care practitioners and services work together?
- How do providers work together when there are multiple complex health care needs and risks?
- Are agencies addressing poor engagement with health care services?
- Is a system change required to help individuals who leave hospital with treatment incomplete?
- What positive differences are super surgeries making?

## Working with individuals

- **Engagement** – recognise that people may be wary of services; appreciate that individuals may feel alone, fearful, helpless, confused, excluded, suicidal and depressed. Reach out.
- **Professional curiosity** – There is always more to know. Experiences (traumas) had a “lasting effect on me.” “Appreciate the journey.”
- **Partnership** – “work with me, involve me, and support me.” “Keep in touch so that we know what is going on.” Help with practicalities. Build rapport. Go at their pace and in their time.
- **Person-centred** – see the person; challenge misconceptions and evidence of assumptions (unconscious bias); there are multiple reasons behind why a person may become homeless.
- **Assessment** – what does this individual need? Do not assume or stereotype. Be thorough.
- **Wrap-around support** - not just accommodation. See transitions as opportunities
- **Language** – be careful and respectful about the language we use; words and phrases can betray assumptions. For example, who is not engaging? What does substance misuse imply?

## Recommendations

### **Direct practice and team around the person**

- Assessment & support for people with complex needs
- Focus on transitional safeguarding
- Outreach & engagement
- Embed CARM

### **Organisational support and governance**

- Dual diagnosis pathway
- Project Brave
- Use of Black and Kerslake reports
- Location of strategic leadership
- Training

To read the full review go to: [HSAB Thematic Review - Premature Deaths Adults Reviews - Herefordshire Safeguarding Boards and Partnerships](#)