

**NORTH YORKSHIRE
SAFEGUARDING ADULTS BOARD**

**SERIOUS CASE REVIEW IN RESPECT OF 'ROBERT'
EXECUTIVE SUMMARY**

October 2012

Agreed by North Yorkshire Safeguarding Adults Board

Date: November 2012

Acknowledgements

This independent review under North Yorkshire Safeguarding Adults Board Serious Case Review Protocol would not have been possible but for the ready co-operation and information supplied to the Panel by those invited to contribute to its thinking and the administrative and professional support provided by the County Council's Safeguarding Adults Policy Officer.

This report reflects the views of the Review Panel whose involvement and professional expertise have been invaluable throughout the process. A recent DCLG report¹ summarises the Panel's wishes for the outcome of this review:-

“no single voluntary service, government agency, council or government department can prevent homelessness alone – but working together we can make a big impact. Every single contact these vulnerable people have with our public services – from council drop ins to health care visits – should be made to count, turning prevention into the cure for anyone facing the real and frightening prospect of sleeping on the streets”

Moira Wilson
Report Author and Independent Chair SCR Panel

October 2012

¹ DCLG Making Every Contact Count: a joint approach to preventing homelessness August 2012

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1. INTRODUCTION

- 1.1. On 6 January 2012 'Robert' was found dead in his room at a hotel in Harrogate. Robert was a long term rough sleeper², who had initially come into contact with agencies on 21 December 2011 when he had requested support to find accommodation. He was concerned about his deteriorating physical health and his ability to remain sleeping rough in the winter conditions.
- 1.2. Between 21 December and the discovery of Robert's body on 6 January he had been in contact with a number of statutory and voluntary agencies in the Harrogate area, none of whom had previously had contact with him.
- 1.3. At the inquest into the death of Robert at Harrogate Magistrates Court on 12 April 2012 the cause of death was confirmed by the coroner as 'intoxication by morphine'.

The Serious Case Review

- 1.4. North Yorkshire Safeguarding Adults Board initiated a Serious Case Review in April 2012. The purpose of a Serious Case Review is to:
 - Establish whether lessons can be learnt from the case about the ways in which local professionals and agencies work together to safeguard vulnerable adults
 - Review multi-agency policies and procedures to help ensure effectiveness in safeguarding adults at risk and more vulnerable to harm.
 - Improve future practice and outcomes by acting on learning from the review
 - Inform and improve local interagency working
- 1.5. The terms of reference for the review were:-
 - a. To consider the effectiveness of the involvement of agencies with Robert from 21 December 2011, until the time of the discovery of his body on 6 January 2012
 - b. To consider whether information relating to Robert prior to this period was effectively used.
 - c. To consider whether any action could have been taken to mitigate the death of Robert or the circumstances of his death.
 - d. To consider whether there were any issues, in communication, information sharing or service delivery, between those with responsibilities for work during normal office hours and others providing out of hours services.

² Definition of a rough sleeper DCLG 2011 "*People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or "bashes").*"

- e. To identify the lessons to be learned from this case in relation to the way in which local professionals and agencies worked together to safeguard and promote the welfare of Robert.
 - f. To consider the effectiveness of agencies' handling and processes of referral, assessment, decision making and adherence to NYSAB safeguarding procedures.
 - g. To consider the family perspectives on the situation and how they could influence the action plan.
 - h. To consider any practice issues arising in this Review, and how any improvements to such practice can be made.
 - i. To make recommendations as may be required setting out any desired changes, with the aim of improving single and interagency working so as to better safeguard and promote the welfare of vulnerable adults of North Yorkshire.
 - j. To prepare an overview report bringing together and analysing the findings of the various reports from the key partner agencies, in order to make recommendations for future action.
- 1.6. North Yorkshire Safeguarding Adults Board commissioned an independent person, Moira Wilson, to chair the review panel meetings and produce the overview report. Members of the review panel were senior representatives from Harrogate District NHS Foundation Trust, The Spa GP Surgery Harrogate, North Yorkshire County Council, Harrogate Borough Council and North Yorkshire Police. A representative from Stonham Home Group was on the panel to represent Harrogate Homeless Project and was not directly involved in the case.
- 1.7. This review is based on the individual management reports received from:
- The Spa Surgery, Harrogate
 - Harrogate Homeless Project
 - North Yorkshire County Council
 - Harrogate Borough Council
 - North Yorkshire Police
- 1.8. The Panel Chair also had access to the Coroner's report and documentation, log books and records from NYCC Emergency Duty Team, Harrogate Borough Council and Harrogate Homeless Project.

Family involvement

- 1.9. The offer of involvement in the serious case review process was made by the Chair of the Panel to Robert's family. The Chair of the Panel has met with a family member and the findings of the review have been shared.

2. KEY EVENTS

- 2.1. On **21 December 2011** Robert presented at Springboard, which is a day service for homeless people run by Harrogate Homeless Project requesting support. He explained that he had been living in a tent in North Deighton, near Wetherby for the last six months. He told the project that he had sustained serious injuries to his arms and leg in a road traffic accident seven years ago. He said that his condition was worsening and that he felt he could no longer manage living in a tent. He said that he had been to the job centre to move his Disabled Living Allowance claim to Harrogate as he wanted to remain in the Harrogate area.
- 2.2. The Project made a referral to the Spa Surgery as Robert said he needed a prescription for his painkilling medication. They also provided him with overnight accommodation at the STARS service (Shelter to Assist Rough Sleepers), an overnight cold weather provision service which they also run.
- 2.3. While at Springboard Robert contacted Harrogate Borough Council (HBC)'s Housing Advice Centre to request a homelessness assessment. He was advised to come in the following day during office hours. He was also advised that whilst Harrogate would carry out the initial assessment, if his tent was located within the Leeds administrative boundary rather than the Harrogate District (as the description of where his tent was did not make it clear whether it was within the Harrogate area), the Council may have to refer him to Leeds for any on-going services.
- 2.4. Between **22 December and 26 December** Robert was not seen at the project. He had contacted on 22 December to say he needed to go to Grimsby to collect his DLA payments. On his return to the project on 26 December, the project again began to make efforts to find a solution to his housing and health needs once services opened again after the Bank Holiday.
- 2.5. Between **26 and 31 December** Robert stayed at the STARS overnight project, using the Springboard day services during the day. On **27 December** Robert participated in a BBC Radio York interview, talking openly about his health, the difficult issues surrounding homelessness and the positive support that he had received from STARS and Springboard. In discussions with Springboard Robert had said he could prove that his tent was pitched in North Yorkshire and that doing so would give him a local connection. He believed he would be able to get the police to confirm the location for him and that he was 'thrilled' that he would have a local connection to Harrogate.
- 2.6. On the **29 December**, although the Springboard Project Worker was not working that day, she phoned Robert and offered to go with him to Housing Options for a homelessness assessment. Robert wished to be accompanied to Housing Options but told her he was waiting for confirmation of his benefits to arrive and then he would feel he had everything he needed to proceed. It was agreed that they would meet at Springboard on the morning of Monday 2 January 2012.
- 2.7. Robert attended the Spa Surgery that afternoon for his GP appointment. He was prescribed morphine medication for pain relief and was referred for further care to

the Orthopaedic Department at Harrogate District Foundation Trust as a routine referral for an outpatient appointment under the “choose and book” system. This is a system whereby the patient is given a telephone number to contact to make an appointment at a suitable time and place for them.

- 2.8. During the evening of 29 December following discussions with Robert, STARS staff became worried about the increasing health concerns, and felt that he needed emergency accommodation over the forthcoming weekend so that he had somewhere to rest during the day.
- 2.9. As a result of these concerns, the STARS Project Leader contacted Harrogate Borough Council out of hours service to discuss Robert’s situation. It was recorded by STARS that staff believed he desperately needed emergency accommodation due to the medical needs he was presenting and physical needs beyond what the STARS service could provide.
- 2.10. Telephone calls then took place between the STARS Project Leader and the Warden who was on out of hours duty. Robert also spoke to the warden directly at one point in the conversation. The warden also consulted another off duty warden for advice. The focus of these discussions was on whether Robert had a local connection, and whether the seriousness of his medical condition would warrant that he required hospital care. The warden also raised the issue of whether the Council’s emergency hostel spaces available were suitable for someone on crutches as both available emergency accommodation rooms were accessed via stairs.
- 2.11. The Warden did not contact her manager, the Temporary Accommodation Manager for advice because she had recently changed mobile phones and the number had been transcribed incorrectly. The Manager had advised staff of her availability although she was not on call.
- 2.12. HBC did not agree to accommodate on 29 December on the basis that:
 - a. The warden believed that the hospital had a duty of care
 - b. Robert’s benefits were from an address in Grimsby
 - c. For the last 6 months Robert had not had a fixed address in this (HBC) area
 - d. No suitable accommodation was available within the hostel and STARS had agreed to accommodate for the night where he had ground floor accommodation with a bed.
- 2.13. The Warden also recorded that she had been told that Robert was due to attend hospital the following day for an operation on his leg and STARS would contact the hospital to raise their concerns.
- 2.14. Robert was accommodated on the night of 29 December on a camp bed on the ground floor of STARS. It was agreed that the STARS Project Leader would continue to follow up with the GP the following day, and asked Robert to ring her during his hospital appointment. It was agreed that he could keep his morphine medication in a locked box at STARS as he was concerned about being mugged with large amounts of medication in his possession.

- 2.15. On **30 December** the STARS Project Leader phoned Robert on his mobile phone as she was concerned that he had not rung between the hours of 09.00 and 09.30 as arranged. He said he was still at the hospital for his orthopaedic appointment, waiting to be seen. He said he would be unable to make his Job Centre appointment.
- 2.16. Robert attended for a further GP appointment that afternoon. At his request the GP rang STARS to discuss his housing situation. At the STARS Project Leader's request the GP agreed to contact the Out of Hours housing service to explain his health needs and to advocate further on Robert's behalf.
- 2.17. The GP rang HBC out of hour's service and spoke to an Officer from the security firm that was now handling emergency homelessness applications over the New Year Bank holiday weekend. The officer recorded that the GP expressed her opinion that STARS was not suitable accommodation because Robert needed to rest during the day and the accommodation at STARS was only available overnight.
- 2.18. The Officer was aware that the warden on call the previous night had not accommodated Robert. He was therefore unwilling to "over-ride this decision" on the basis that Robert did have somewhere to stay at STARS and was therefore not homeless.
- 2.19. The Officer tried to contact the Council's Temporary Accommodation Manager for advice, but did not have her number and the Council's emergency contact team would not release it or contact her as she was not officially on call. He therefore contacted another warden who, based on the information provided by the officer, which she said at the time was only that a gentleman from STARS had burns to his hand and needed to be indoors during the day, felt that the officer had made the correct decision.
- 2.20. The GP then relayed the outcome of the conversation with out of hours housing to the STARS project officer. The project recorded that the GP was unhappy with this as she felt that it was inappropriate for Robert to be on the streets all day and was also vulnerable due to the large amounts of medication he must carry around. She considered that HBC had a duty towards Robert, given he did not require hospital admission as there was no need for acute medical attention at this time. She advised however that if Robert's condition deteriorated or if he fell, then immediate medical attention should be sought. She offered to follow up the issues of emergency accommodation with HBC after the Bank Holiday.
- 2.21. During the course of the evening of the 30 December the STARS Project Leader contacted the HBC out of hours Officer four times regarding Robert. It was again reiterated that he could not be accommodated as he already had overnight accommodation. A request was made for bed and breakfast accommodation. This was refused by the Officer as it did not state in the procedures from the Council that this was an option.
- 2.22. The STARS Project Leader also contacted North Yorkshire County Council's emergency duty team (EDT) that evening to explain the situation and the concerns she had for Robert's welfare. A request was made regarding the possibility of

admission into emergency residential accommodation or support by the rapid response team. The STARS Project Leader also requested day care provision due to the extended Bank Holiday and enquired as to whether his situation met the threshold for a safeguarding referral as a vulnerable adult under the Adult Safeguarding procedures.

- 2.23. The EDT Team member advised the caller that they could not offer any assistance regarding the housing issue and they also advised that Robert's age would preclude him from accessing a residential provision. The EDT team member also informed the caller that his circumstances did not fulfil the criteria for a safeguarding referral.
- 2.24. On the morning of **31 December** the HHP Project Manager contacted HBC out of hours housing officer to express concerns about Robert's vulnerability and the refusal to accommodate him. The Officer reiterated the position of the previous day and that he did not have the authority to over-rule the decision made previously.
- 2.25. The HHP Project Manager said that Robert was at considerable risk of harm if he did not have day time accommodation. She expressed dissatisfaction with the service being provided and the lack of any offer of temporary accommodation for a vulnerable adult who was the project felt was in priority need. A further request for B&B accommodation was made. The Officer again advised that he was not authorised to do this according to his procedures manual.
- 2.26. The formal incident report by the out of hours security service contains the following reasons for not providing accommodation for Robert:
 - a. Accommodation had already been requested the night before and had been refused
 - b. Robert already had accommodation (at STARS) and in accordance with the emergency procedures was not eligible for a room due to this
 - c. He did not meet the criteria set out in the emergency procedures that had been supplied to the out of hours security firm
 - d. An HBC warden had been consulted and agreed with the decision
 - e. If Robert was indeed as handicapped due to his injury as (the STARS project manager and her manager) was making out then surely he would have been kept in hospital.
- 2.27. The Project Manager advised that HHP would provide B&B accommodation for Robert over the weekend until the Springboard day service was open again on the Bank Holiday Monday, 2 January 2012, as they believed he was too vulnerable to just use the STARS overnight service and needed somewhere to be during the day. This would mean that he would have accommodation over the weekend during the day and could safely store and access his controlled medication.
- 2.28. On Robert's return to the HHP that morning, he confirmed that would like the offer of emergency accommodation as he said he had been struggling without his medication during the day. The project staff began contacting local hotels, and eventually found a vacancy for two night's bed and breakfast at £40 per night, paid for by the project. That afternoon the STARS Project Leader accompanied Robert to STARS to collect his belongings and medication and to settle him into the hotel. It

was agreed that Robert would attend STARS for his evening meal and that the project would accompany him to Housing Options when they reopened on 3 January 2012. Robert went to STARS for his evening meal on 31 December and then returned to the hotel.

- 2.29. At 10.30pm on **1 January 2012** the STARS Project Leader decided to contact Robert as he had not come to STARS that evening for a meal as arranged. Robert answered the phone and said that he had rested all day and watched some television. He asked for confirmation that HHP had paid the hotel bill and was still amazed that the charity had done this. He said that he had decided to open communication with his sister again. He was aware that Springboard was open the following day. He said that he would come to Springboard on 2 January and then stay at STARS that night. The staff member reported that Robert sounded content on the phone and again expressed his gratitude.
- 2.30. On **2 January 2012** the STARS Project Leader noted that Robert had not visited Springboard as arranged. Having been unable to contact him on his mobile phone, she phoned the hotel and asked if Robert had checked out. The duty manager was no longer at work but he thought that Robert had checked out as only two nights had been paid for and that the cleaner had been instructed to clean the room. She also contacted A&E at Harrogate District Hospital and the HHP hostel who confirmed there had been no contact with them.
- 2.31. On the **3 January** several more attempts were made by project workers to contact Robert on his phone. As there was no reply the worker decided to phone Wetherby police to ask them to check if his tent was still there. She spoke to a police officer and he agreed to send someone over to check the tent. The police later phoned back to say that Robert's tent was still there but there was no sign of him and they asked for more information. The Project Manager informed the police of Robert's medical needs and that he had been staying at a hotel in Harrogate. The police told the Springboard Worker that they would check this out before getting a police helicopter involved.
- 2.32. The project continued to try to make contact with Robert by phone on the **3, 4 and 5 January** but there was no answer, leading them to believe that he must be charging his phone somewhere.
- 2.33. On **4 January** the Project also contacted the GP surgery to see if they had any update on Robert, explaining that he was missing and that the police had been informed. The GP rang the hospital who said that neither physiotherapy or accident and emergency had any record of him, and that he had not attended the hospital on 3rd January 2012.
- 2.34. On **6 January 2012** Robert was found dead in his room at the hotel by the hotel duty manager. The door was closed but not locked. There was a Do Not Disturb sign on the door.

3. FINDINGS AND ANALYSIS

- 3.1 The circumstances of this review are unusual in that although Robert's contact with agencies in Harrogate covered less than two weeks over the Christmas period December 2011 to January 2012, there was intense involvement by both voluntary sector providers and primary care services to try to find a solution to his housing and support needs.
- 3.2 Robert was not known to local agencies prior to his first contact with Springboard on 21 December 2011. In the course of the serious case review it was confirmed that he had had previous involvement with police forces in different locations across the UK, but not in relation to issues relevant to this review.
- 3.3 Robert's circumstances were that over the last seven years of his life he had lived an unsettled lifestyle, and was estranged from his family. He was experiencing increasing physical disabilities as a consequence of two accidents, one in 2000 as a result of a fall from scaffolding and a road traffic accident in 2008. He also had alcohol related problems which at times resulted in him being convicted of minor offences. Nevertheless during this period he maintained his independence, either through rough sleeping or short term hostel accommodation. Immediately prior to contacting agencies in Harrogate he had lived in a tent near Wetherby, but had self-referred recognising that his physical problems were increasing.
- 3.4 The key issues to be considered are the effectiveness of agency involvement, levels of communication, the extent to which Robert was seen as vulnerable by different agencies, the timing of the involvement and the impact of out of hours cover.
- 3.5 One of key issues in this review is the effectiveness of the involvement of the statutory agencies responsible for housing and care, and the relationship with the voluntary sector provider who was supporting and advocating on Robert's behalf. Harrogate Homeless Project appropriately referred him to the housing advice team at Harrogate Borough Council when he first presented on 21 December 2011. They also followed up his health needs by enabling him to register with a GP and made short term provision for overnight accommodation at the STARS service.
- 3.6 Analysis of the accounts of the telephone conversation between Robert and Housing Advice on 21 December suggests that while the advice to attend the office the following day for a homelessness assessment was given appropriately, the issue of whether or not he had a local connection based on where his tent was pitched was given significant emphasis.
- 3.7 Under the Homelessness Act 2002 the main homelessness duty is that housing authorities must ensure that suitable accommodation is available for people who have priority need, are eligible for assistance and are unintentionally homeless. The Code of Guidance³ states that "*if they wish, housing authorities can also consider whether applicants have a local connection with the District*". Chapter 18 provides further guidance on how this discretion should be exercised, namely:-

³ Homelessness Code of Guidance for Local Authorities 2006 p 9

“Referrals are discretionary only; housing authorities are not required to refer applicants to other authorities” ... “housing authorities may have a policy about how they may exercise their discretion to refer a case. This must not however, extend to deciding in advance that in all cases where there is a local connection to another district the case should be referred”⁴

- 3.8 In his subsequent conversations with Springboard and STARS, Robert was concerned that he had the local connection confirmed before going through with the homelessness assessment. By the time he felt more confident about this, when he had moved his benefits to Harrogate from Grimsby and had experienced positive support from Springboard and STARS, the holiday period had started and contact with statutory agencies was complicated through out of hours arrangements.
- 3.9 The events of the 29th and 30th December were critical. Robert attended for his GP appointment where he received his medication and was referred on for further orthopaedic treatment. From his conversations with Springboard and STARS it would appear that he became increasingly concerned about his physical health. There was some confusion and inaccuracies from Robert in his reporting back to the project about his medical treatment, as it has been clarified by the GP surgery and Harrogate District Foundation Trust that there were no planned outpatients' appointments before the New Year. Robert had been referred for a routine outpatients appointment under the Choose and Book scheme. Nevertheless the GP was concerned about his physical condition and the pain relief which was prescribed was necessary to ensure he could manage better, and having accommodation was a key part of this.
- 3.10 From the GP records obtained after Robert's death, it was confirmed that he was known to a number of GPs and hospital departments across the country. He was frequently referred for specialist care for his injuries and other problems. Unfortunately it seems he did not engage with services on a regular basis and often did not attend his appointments. Due to the nature of his lifestyle moving from place to place, it would have been difficult for him to access regular healthcare and have the continuity of care that he needed.
- 3.11 As the Springboard day service was not going to be available to Robert over the New Year Bank holiday period, and given his physical needs coupled with the prescribed drugs, staff at STARS sought to secure temporary accommodation for him until the housing offices reopened in the New Year. The 29 December was a normal working day, however it was only when Robert came to the STARS service when it opened at 8.30pm that they were able to action this. By this time homelessness cover was being provided by an on call warden.
- 3.12 The conversations which took place between the STARS Project Leader, the out of hours warden and another warden colleague on 29 December were unsatisfactory for a number of reasons. While the out of hours service was focussing on whether or not to accommodate for one night only, STARS were wanting a longer term solution to provide continuity over the Bank Holiday weekend. The issue of Robert's medical condition was raised as part of identifying his care needs. This appears to have

⁴ Homelessness Code of Guidance for Local Authorities 2006 paragraphs 18.4 and 18.5, p144

triggered a debate about whether the hospital should be responsible for his care, although the GP had made it clear earlier in the day that Robert did not have acute needs which warranted hospital admission.

- 3.13 The issue of whether or not Robert had a local connection was again discussed, and concern raised about the suitability of the council's emergency accommodation for someone using crutches, as both available emergency accommodation rooms were accessed via stairs. The STARS project continuously stressed Robert's vulnerability; however this does not appear to have been fully understood or acknowledged by the out of hours housing service.
- 3.14 Homelessness guidance⁵ details a range of circumstances in which priority need due to vulnerability should be considered, including physical disability and other factors such as drug/alcohol misuse and offending behaviour. It also states that housing authorities should have regard to any advice from medical professionals, social services or current providers of care and support. It is considered that all these factors applied to Robert at the time of this referral on the 29th December.
- 3.15 Advice was not sought from the Temporary Accommodation Manager as the wrong mobile telephone number had been recorded. As Robert had not been accommodated the housing options team were not notified of the contact. There was therefore no system for follow through to daytime services. The 29th December was also the last normal working day for the Borough Council before the New Year holiday period.
- 3.16 On the 30 December both the housing offices and the face to face housing service were closed for a concessionary holiday. Responsibility for housing and homelessness cover from 9.00am on 30 December to 8.30am on 3 January 2012 was passed to a security firm who had just been awarded the contract for this provision with effect from 19 December 2011.
- 3.17 During the course of the day the STARS Project Leader again tried to find a solution to Robert's accommodation needs. Although the project was not aware of it at the time, Robert was in court in Leeds on the morning of the 30 December rather than at the hospital as they had understood. It may be that he was reluctant to explain his court appearance in case it affected the support which he was receiving.
- 3.18 By mid-afternoon on 30 December Robert had again been seen by his GP. The level of concern about his health needs was such that the GP agreed to contact the out of hours housing service to advocate on Robert's behalf. The reports provided by HBC and HHP on the conversations which took place show a disconnection between perceptions of the urgency of his situation, inadequate internal communication within the out of hours housing service, for example the non-release of the accommodation manager's mobile telephone number, and misinformation, for example that Robert had just come out of hospital that day because of a motorbike accident, or that he had burns to his hand.

⁵ Homelessness Code of Guidance for Local Authorities 2006 para 10.12 – 10.16 p 85 - 86

- 3.19 The question of eligibility for services again arose, with the interpretation that because Robert was staying at the STARS service he was not homeless, that bed and breakfast was not an option for the out of hours housing service and that the family room available at HBC's hostel had to be kept free.
- 3.20 The STARS Project Leader made appropriate contact with the County Council's Social Services Emergency Duty Team, requesting an assessment of Robert's needs. The EDT response was inadequate saying that they could not offer assistance with the housing issue, and that Robert was precluded from residential accommodation because of his age, which was not correct. An assumption was made that the safeguarding threshold had not been met before an assessment had been undertaken. No further action was taken.
- 3.21 Department of Health guidance on eligibility⁶ for services states:
- "An individual's eligibility for statutory support is determined following assessment. Under section 47 of the NHS and Community Care 1990 Act local authorities have a duty to assess the needs of any person for whom the authority may provide or arrange the provision of community care services and who may be in need of such services"*
- 3.22 It further explains⁷ that:
- "Councils must not exempt any person who approaches or is referred to them for help from the process to determine eligibility for social care, regardless of their age, circumstances, apparent financial means or the nature of their needs. To this effect, councils should avoid being too rigid in their categorisation of "client groups".*
- 3.23 The entitlement to assessment under the Act should have preceded judgement about eligibility. Although homelessness and housing is a District rather than a County Council function, liaison with other agencies is a key part of the emergency duty response and should have occurred in this situation.
- 3.24 There was no direct communication between EDT and the out of hours housing service, and no conversation directly with Robert. Out of hours decision making was delegated to frontline members of staff and consultation with senior managers was not sought. There was a lack of clarity regarding when management consultation was required.

6

Prioritising need in the context of *Putting People First: A whole system approach to eligibility for social care: Guidance on Eligibility Criteria for Adult Social Care, England 2010* paragraph 48

7

Ibid paragraph 51

- 3.25 In both agencies there was insufficient acknowledgement of the concerns being raised by the voluntary sector provider and primary health care. Duties to assess vulnerable people in need of care and support under both housing and community care legislation were not fully considered.
- 3.26 The issue of the out of hours nature of the referrals and the fact that the involvement took place over the extended Christmas and New Year holiday period was a compounding factor. Harrogate Borough Council had just moved to a new out of hours arrangement with an external contractor with effect from 19 December 2011, and the evidence suggests a lack of experience in undertaking homelessness functions and insufficiently robust internal communication systems. Due to the extended bank holidays a significant period of the time covered by this review was outside of normal office hours. Additionally as the STARS project was itself an out of hours service, and the Springboard day service was only available for part of the day, efforts to find a solution were made more difficult.
- 3.27 It is regrettable that contact was not made with North Yorkshire Health and Adult Services during the course of one of the working days during the period of involvement. This could have enabled a needs assessment to be undertaken, as well as more effective liaison between agencies, which should have led to joint work with housing advice, the GP surgery and Springboard to meet Robert's needs. The need for more sharing of information and understanding about assessment processes is clear. However the strenuous efforts made by the voluntary sector provider, supported by the GP, to engage housing and social services authorities are to be commended.
- 3.28 The arrangements made by HHP to provide accommodation for Robert over the New Year weekend are also to be commended. They accompanied him to the hotel to check that the accommodation met his needs, and made contact with him on both 31 December and 1 January to check on his wellbeing. When he failed to arrive at Springboard on 2 January as agreed, they immediately took steps to try to locate him by contacting the hotel, the police and health services.
- 3.29 There is uncertainty about the request that was made by the Project to the police to check whether Robert was still at the hotel. There is no record of this in the telephone call recorded by North Yorkshire Police on 3 January 2012 or the West Yorkshire police log of the same date. West Yorkshire Police did visit Robert's tent as requested and confirmed he was not there. Had Robert's room been checked earlier either by hotel staff or the police, it is not possible to say whether he would have been found alive. However the outcome would have been less distressing to his family and the staff involved with him.
- 3.30 The review has considered whether any action could have been taken to mitigate the Robert's death or the circumstances of his death. At the inquest on 12 April 2012 the Coroner recorded a narrative verdict that he had died from an accidental morphine overdose while waiting to be rehoused. The Coroner reported that:

"Far from being in despair (he) was looking forward to working with the charity to find a change of lifestyle. I am quite sure he administered the medication in an attempt to relieve pain"

- 3.31 The issue of the amount of medication Robert had in his possession at the time of his death has been reviewed. Robert was an intelligent person who had capacity and who was up to the point of his contact with services self-medicating. However during his time at STARS he had expressed some anxieties about administering his medication and assistance in storing it safely was made available.
- 3.32 The prescribing of opiates was confirmed as clinically appropriate by medical practitioners to provide the level of pain relief required. The fact that a holiday period was coming up meant that enough medication to cover the period was prescribed. This meant that he did have a significant amount of morphine in his possession. This has been considered as part of the surgery Individual Management Report and recommendations made regarding limiting prescribing in certain circumstances.
- 3.33 If a comprehensive assessment of Robert's needs had been undertaken, taking into account the information provided by HHP and primary care, then the risks associated with his medication would have been made clearer. It is not possible to say whether the risks of accidental overdosing could have been reduced by his placement in a different form of accommodation. However the focus on eligibility under homelessness legislation overlooked his care needs and vulnerability.
- 3.34 The extent to which Robert was seen as vulnerable and whether or not his needs should have been addressed through the multi-agency safeguarding procedures is complex. Definition of a vulnerable adult under North Yorkshire Safeguarding Adults Board's safeguarding procedures is:-
- “a person over the age of 18, who needs support from Health and Social Care Services to maintain their independence. In particular it applies to adults who:
- may have learning or physical disabilities
 - may have mental health problems
 - may be old, frail or ill
 - may not always be able to take care of themselves or protect themselves without help “
- 3.35 At the early point of involvement, although Robert was vulnerable due to his physical needs and requirement for prescribed controlled medication, both the project and his GP were clear that he had capacity to make decisions and indeed were working with him to take back control of his life in the future.
- 3.36 By 30 December the level of risk had increased due to Robert's increasing anxieties about his health, the use of morphine based pain relieving medication, his physical condition and the fact that services normally on offer were going to be significantly reduced over the Bank Holiday weekend. This was reflected in the repeated requests made by HHP/GP to secure better accommodation. The level of his needs was by this time such that, as discussed above, an assessment under section 47 of the NHS and Community Care Act 1990 should have been undertaken, based upon North Yorkshire's fair access to care services which states that people with people with needs at the critical, substantial and moderate levels will be offered support by

social care services⁸. This should also have identified any safeguarding risks in relation to his vulnerability over the Bank Holiday weekend.

Views of family members

3.37 Robert had been estranged from family for a number of years due to his lifestyle. Contact has been made with a family member and the report has been shared with them. Their wish is that the lessons will be learned from Robert's death so that people in similar situations will receive greater support in the future.

4. LESSONS TO BE LEARNED

- 4.1 There are a number of lessons to be learned for all agencies involved with Robert. There is a need for greater understanding and information sharing across agencies on both homelessness legislation and its interaction with community care, and the duty to take vulnerability into account in relation to homelessness.
- 4.2 There was also a lack of understanding about the extent to which Robert's health needs warranted acute admission to hospital. Although primary care services were clear that this was not the case, assumptions were made based on incomplete information, heightened by Robert's own anxieties about his health. For example the out of hours housing service made assumptions about the level of health care required which was outside of their remit to decide.
- 4.3 There was no agreement reached as to who should have taken overall responsibility for meeting Robert's needs. The HHP staff who were most in contact with him made significant efforts to engage statutory agencies. Primary care services responded positively to address his health needs and support the project's efforts to find accommodation. However the response by housing and care agencies was very focused on eligibility for service, and there was no evidence of a joint approach to meeting needs.
- 4.4 There was only one direct contact between Robert and HBC which was the phone conversation between him and housing options staff on 21 December. A number of miscommunications occurred particularly in relation to the state of Robert's health and whether he needed hospital admission. No offer of assessment whether by telephone or face to face was made by the County Council's emergency duty team.
- 4.5 The arrangements for out of hours homelessness provision which had only recently been put in place by HBC were lacking in ensuring that management back up was formally available to front line staff. Additionally as the changeover was so close to the Christmas holiday period there was not enough time to check how the contract was working and iron out any early teething problems.
- 4.6 Handover and communication between out of hours and normal hours staff in NYCC and HBC over the holiday period was not robust and out of hours recording systems were insufficient. There was no direct contact between the County and Borough

⁸ North Yorkshire County Council website

Council's respective out of hours services, and it was left to the HHP to try to make the connections.

- 4.7 Finally it is very regrettable that once Robert was reported as missing on 2 January by the Homelessness Project, it was not until 6 January that his body was found. Assumptions were made by the hotel staff that Robert had left as only two nights had been paid for, and this was not verified by checking his room.

5. PANEL RECOMMENDATIONS

- 5.1 All agencies have identified some recommendations in response to this Serious Case Review. Some have influenced the overall recommendations, and some are specific to that agency. The panel recommendations reflect the key learning points identified in the individual management reports and the analysis and lessons learned sections of this report.

Assessment and service responses under legislation and guidance

- 5.2 Within 6 months of publication of this review there should be a plan for the review and re-issue of multi-agency policies and procedures in relation to partnership working to prevent homelessness of vulnerable adults to all relevant agencies. The policies and procedures should incorporate guidance and best practice in line with the Homelessness Code of Guidance for local authorities, NHS and Community Care Act, Fair Access to Care eligibility and safeguarding policies and procedures.
- 5.3 Within 3 months of the publication of this review Harrogate Borough Council, North Yorkshire County Council, Harrogate Homelessness Project, the Spa Surgery, Harrogate and North Yorkshire Police, should review their involvement and provide the Safeguarding Adults Board with action plans arising from their learning as a result of this review

Training and Staff Development

- 5.4 Harrogate Borough Council and North Yorkshire County Council should arrange joint training and development for housing and social care staff with voluntary sector providers to ensure greater knowledge and understanding of respective roles in relation to homelessness and community support, vulnerability and best practice in meeting the needs of rough sleepers.
- 5.5 The good practice evidenced by the joint work between the Harrogate Homeless Project and the GP surgery in supporting Robert should be used as a case study in raising awareness of homelessness needs in other primary care settings.

Out of Hours Services

- 5.6 North Yorkshire County Council should ensure that knowledge of eligibility criteria, thresholds for assessment and services available to the emergency duty team should be updated and maintained through workforce development and performance management.
- 5.7 Joint protocols should be established between North Yorkshire County Council, Harrogate Borough Council and the other District Councils within North Yorkshire out of hours services to strengthen awareness and joint working in relation to homelessness and safeguarding vulnerable adults. These protocols should be based on a whole systems, integrated approach and be consistent with the principles of 'Making Every Contact Count'

- 5.8 North Yorkshire County Council, Harrogate Borough Council and the other District Councils within North Yorkshire should review their out of hours cover arrangements to ensure that cover over extended holiday periods, such as Christmas and New Year is sufficiently robust. This review should include record keeping, communication, and strengthening arrangements for access to senior managers for decision making where required. It should be undertaken in time to inform the arrangements for cover over the Christmas and New Year period 2012.
- 5.9 Where out of hours homelessness services are contracted to an external organisation, robust contract specification and monitoring should be in place to ensure agreed standards in relation to meeting the needs of vulnerable adults at risk of homelessness are maintained.

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- 5.10 The executive summary of the overview report of the Serious Case Review should be made public within three months of its approval by the Board
- 5.11 The overview report of the Serious Case Review should be shared with family members and with staff directly affected prior to the report being made public.
- 5.12 North Yorkshire Safeguarding Adults Board should monitor the implementation of the individual agency action plans on a quarterly basis and ensure that all actions are implemented within twelve months of the approval of the action plans by the Board.
- 5.13 North Yorkshire Safeguarding Adults Board should review the multi-agency safeguarding policy and procedures in the light of this review, with particular reference to definitions and to triggers for safeguarding.
- 5.14 In conclusion the Panel recommends that the lessons learned from the detailed review of the circumstances of Robert's death are used both to improve multiagency working through implementing the action plans, but also to raise awareness, understanding and skills in meeting the needs of rough sleepers who may be some of the most vulnerable and hard to reach people that agencies are trying to support. A recent Department for Education research⁹ brief sums up the need for learning from serious case reviews as follows:-

“SCR recommendations are still very numerous and the endeavour to make them specific, achievable and measurable has resulted in a further proliferation of concrete or procedural tasks to be followed through. Part of the issue may lie with the skills and knowledge of those conducting the reviews but also with the need to distinguish between learning lessons and making recommendations. The best learning from serious case reviews may come from the process of carrying out the review”.

⁹ Department for Education Research Brief: New learning from Serious Case Reviews – a two year report for 2009 – 2011 July 2012

REFERENCES AND RESOURCES

North Yorkshire Safeguarding Adults Board: Serious Case Review Protocol February 2009

North Yorkshire Safeguarding Adults Board: Multi- Agency Policy and Procedures May 2009

North Yorkshire Safeguarding Adults Board: Individual Management Reports Harrogate Borough Council; North Yorkshire County Council; Harrogate Homeless Project; The Spa Surgery Harrogate; North Yorkshire Police July 2012

ADASS: Vulnerable Adult Serious Case Review Guidance – Developing a Local Protocol, 2006

Department of Health: No Secrets: Guidance on developing and implementing multiagency policies and procedures to protect vulnerable adults from abuse, 2000

ADASS: Safeguarding Adults: A National Framework of Standards for Good Practice and Outcomes in Adult Protection Work, 2005

Department of Health; Safeguarding Adults: A consultation on the Review of the “No Secrets” Guidance, 14 October 2008 & 17 July 2009

Department of Health: Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, February 2010

Department for Communities and Local Government: Homelessness Code of Guidance for Local Authorities July 2006

Department for Communities and Local Government: Rough Sleeping Statistics England – Autumn 2011

Department for Education Research Brief: New learning from Serious Case Reviews – a two year report for 2009 – 2011. July 2012

Department for Communities and Local Government ‘Making every contact count’ A joint approach to preventing homelessness, August 2012

GLOSSARY

Association of Directors of Adult Social Services	ADASS
Department of Communities and Local Government	DCLG
Department for Education	DFE
Department of Health	DH
Emergency Duty Team	EDT
Fair Access to Care Criteria	FACs
Harrogate Borough Council	HBC
Harrogate District NHS Foundation Trust	HDFT
Harrogate Homeless Project	HHP
Individual Management Report	IMR
North Yorkshire County Council	NYCC
North Yorkshire Police	NYP
Shelter To Assist Rough Sleepers	STARS
The Spa Surgery	TSS
West Yorkshire Police	WYP