

Preventing and Managing Risk of medication non- compliance

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The role of BSAB



- BSAB is a partnership, it includes the local authority, clinical commissioning group, police, fire service, housing, health and social care providers and voluntary organisations. The board provides partner agencies opportunities to review practice, provide positive cross-agency challenges to enable accountability and strengthen the culture of continuous improvement.
- S44 Care Act: statutory function to review cases where an adult with care and support needs dies or suffered serious harm as a result of abuse or neglect and there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult.
- This year we are working to improve responses to financial abuse, risks faced by those experiencing homelessness and poor mental health. We also run regular webinar sessions which are open to everyone.

Medication non compliance- a difficult balancing act:
Autonomy and the right to respect for private life is enshrined in the Human Rights Act, but we know from local safeguarding practice reviews that interpreting these duties alongside obligations to safeguard adults at risk can be complex.

DHSC and Institute of Public Care have published Best Practice guidance on Care Coordination, but national and local SARs demonstrate there is more needed to reduce risk resulting from poor medication compliance. Often the risk has been identified, sometimes shared, but effective action has addressed foreseeable harm.

BSAB Safeguarding Adults reviews:

- Gabrielle- harm caused by family members refusing pressure ulcer care for their loved one during the Covid-19 lock down. This highlighted the importance for professionals to understand the issues of the whole unit using a multi-disciplinary/multi-agency approach, including psychology, in order to develop plans to clarify responsibilities and agree routes to resolve where there is continued risk with non-compliance with medication or medical advice.
- Thematic SLIP review- involved two cases, one where the adult with a learning disability was non-compliant with her diabetes management. The other case involved harm caused by family members refusing health and social care support for their adult child with learning disabilities. Whilst professionals recognised the risk of harm, failures to pass relevant information to legal advisors hindered escalation, leaving practitioners feeling powerless to intervene and support the adult at risk and her family.

Accessing Health Reviews and Medical Treatment

- Requires capacitated consent or, if the person lacks capacity decisions must be made in accordance with their best interests, under the Mental Capacity Act 2005.
- To deny treatment to an incapacitated patient may breach of statutory duty of care, Human Rights Act and Equality Act 2010.
 - Burke v GMC [2005] No professional can be ordered to provide medical intervention which, in their view, is not appropriate. No absolute duty to keep people alive, even if possible to do so.
 - Wye Valley NHS Trust v Mr B [2015] “...a conclusion that a person lacks decision-making capacity is not an ‘off switch’ for his rights and freedoms. To state the obvious, the wishes, feelings, beliefs and values of people with a mental disability are as important to them as they are to anyone else, and may even be more important. It would be wrong in principle to apply any automatic discount to their point of view.”
- So the ‘decision maker’ must assess capacity, if reasonably believe they are incapacitated, act in their best interests and not contrary to the lawful decision of an LPA/deputy or a valid and applicable ADRT. Where treatment is in the person’s best interest, if restraint or DOL is required those additional requirements must be met for provision to be lawful. If it involves ‘serious medical treatment’ clinicians must refer to Court of Protection, likely be reserved to the CoP President/High Court judge.

Understanding medical advice

- Our systems are complex and managing co-occurring conditions can make navigating support services more difficult. Particular issues were raised in these cases in relation to progressive conditions when forward planning is necessary.
- Our SARs underline the importance of having joint risk management planning between services to ensure all organisations are planning well for foreseeable challenges, e.g. transitions across services, degenerative conditions. As well as championing prevention and a focus on wellbeing to prevent harm and allowing for flexibility in providing support to adults at risk and their carers.
- Adult Social Care are taking a unique approach to high-risk cases, which includes making teams aware of the preventative and wellbeing offer from voluntary and community care, meeting with key partners in housing, the voluntary sector and health services to encourage teams to work cross-disciplinarily and discuss case complexity to agree holistic plans and escalation routes of those plans do not reduce risks.
- The ICB and NHSE through their Health Inclusion Strategy are championing best practice across NCL to reduce health inequalities experienced by adults with care and support needs, particularly adults with cognitive impairments, poor mental health and co-occurring conditions- NHSE are looking for case studies to publish nationally!



Good practice in Barnet

Primary Care Network 3:

Using the Core20Plus approach PCN3 have targeted preventative support for adults with severe and enduring mental health or with diagnosis of learning disabilities as not only do these groups have poorer than average outcomes, PCN3 has geographically a significantly higher cohort of patients who report having a Learning Disability than the national average.





Partnership approach: Success stories

The NHS Long Term Plan set the ambition that at least 75% of people aged 14 or over with a learning disability to have an annual health check. In 2022/23 NCL exceeded the target and completed 90.3% of AHCs for 2022/2023.

- In Barnet during 2022/23 there were 1,650 Annual Health Checks against patient list size of 1,808 i.e., 91.3% which is 13.8% more than last year. 15 G.P Practices achieved 100% Annual Health Checks.
- Barnet L.D nursing team have worked with the ICB, GPs, providers, and people with a learning disability to ensure people have access to annual health checks, and other community health services. Their work has included DES training sessions with GPs, work with providers, advice around reasonable adjustments to practices, and supporting people with a learning disability to access their GP by preparing them for their visit to the GP. <https://youtu.be/dGITBtSSEGo>

Discussion

Taking into account learning from local SARs, how does 'safeguarding' those who struggle to comply with medical advice feel in practice?

- Is there time and a 'freethinking approach' adopted so medical advice reflects what advice must be followed to prevent escalation of needs
- Is there time to review and understand what happens day to day or what matters for the carer?
- Are cultural and racial issues sensitively and adequately addressed?
- Do practitioners take the time to explain why they have concerns and why it might be necessary to carry out an enquiry?



How to report concerns in Barnet: Adults at risk

Social care direct at Barnet council are the point of first contact

- **Tel 020 8359 5000 text (SMS) 07506 693707**
email socialcaredirect@barnet.Gov.Uk

Police community safety unit in an emergency 999

- **Tel 020 8200 1212 email sxmailbox-tib@met.Pnn.Police.Uk**
- What happens after you report abuse:
<https://www.Barnet.Gov.Uk/sites/default/files/assets/citizenportal/documents/adultsocialcare/whathappensafteryoureportabusebookletmay12.Pdf>
- Your concern should always be taken seriously and acknowledged. Usually, the adult at risk will be consulted and you should always be told if the concern will be investigated.
- Barnet MASH : mash@barnet.gov.uk / 0208 359 4066 / www.thebarnetscp.org.uk
- If you hadn't had this it is ok to ask again!

