

## Learning from a Case

**Reading Borough Council conducted an internal review following the death of a 44-year-old man. Ryan died at home, the cause of death is unknown, Ryan was known to health and social care services in Berkshire. This learning briefing gives good practice guidance based on Ryan’s story regarding continuity of care.**

Ryan was 44-year-old gentleman who lived between properties in two geographical areas. He had drawn upon mental health services in both areas. He moved from his other home to live in Reading in 2021. Ryan had contact with a family member and was known to visit friends but generally he lived alone.

Ryan was referred to care and mental health services in Reading. He was known to use substances. He had been diagnosed with psychosis during a previous hospital admission, potentially induced by substance use. Ryan had some physical health conditions and was receiving treatment in Berkshire for a long-term illness. Services found it hard to contact Ryan on several occasions.

Ryan had had contact with several agencies in both the other local authority and Berkshire area in the year before his death. No one agency had a holistic understanding of his circumstances. No Safeguarding Concerns were identified for Ryan.

Ryan died in spring 2022 at his address. He was found deceased and could have passed away at an earlier date. His cause of death is unknown.

### Learning

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| <b>Multi -agency working</b>  | People do not experience mental health issues in isolation. They will have other medical and social events or circumstances that affect their overall health or wellbeing. It is important that all of those aspects are considered holistically when referring, assessing and planning with the person. Using a multi-agency approach such as multi-disciplinary meetings, safeguarding or MARM is essential for understanding multi-faceted situations.  |
| <b>Continuity of Care</b>   | Transferring between two geographical areas can be a vulnerable time for people with care or health needs. Both the referring and the receiving agencies need to communicate effectively to safely transfer a person’s health and care needs to another area. Examples of good practice are: <ul style="list-style-type: none"> <li>• Ensuring all health, care and other relevant information is shared as part of the referral so the service gain make an informed decision on how to proceed.</li> <li>• A named contact is available in both agencies to liaise and implement the processes for continuity or transfer of care beyond the point of referral.</li> <li>• Where risks exist, they are shared across services and plans made to address those risks.</li> <li>• Having a continuity of care procedure in your organisation that all staff put into practice.</li> <li>• Practice ‘Professional Curiosity’ – ask questions.</li> <li>• Consider the timing of referrals and follow up if you do not hear back about a referral.</li> <li>• A section 9 or section 11 assessment must be undertaken when there is an appearance of need.</li> <li>• People with mental health conditions are advised about the consequences of having a GP that does not serve the area in which they live.</li> </ul> |
| <b>Response when we cannot engage with people</b>   | Sometimes people find it difficult to connect with services or we find it difficult to connect with them. This could be due to a range of reasons. Fear or anxiety, cognitive functioning, physical restrictions or disability, financial or support resources can all affect a person’s response to a referral to or contact from agencies. Consider being flexible in how you approach people if they have not responded to an initial communication. Building a relationship or meeting the person where they feel comfortable including home visits, where safe to do so, can often be a good start to reducing those barriers. Your agency may have other ideas on how to be flexible for your service. All services should have a policy on how to respond when you are finding it difficult to reach a person – make sure you know what your organisations policy is.   |
| <b>Hearing family and friends</b>   | Hearing the communication from family is essential to understand the person’s circumstances. Ryan’s family contacted various services asking for help. There were varying responses but few were co-ordinated. If the multi- agency team around Ryan had co-ordinated and shared information this could have improved the risk assessment and plans for Ryan.  |
|  <p>West of Berkshire<br/>Safeguarding Adults Board<br/>Reading, West Berkshire &amp; Wokingham</p> | This learning brief was endorsed by the West of Berkshire Safeguarding Adults Partnership Board in May 2024. If you would like to provide any feedback or have any questions regarding the Board please contact: <a href="mailto:Lynne.Mason@Reading.gov.uk">Lynne.Mason@ Reading.gov.uk</a>   |