



EXECUTIVE SUMMARY

Sutton Adult Serious Case Review of Seven Deaths Related to the use of Alcohol or other Drugs

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INTRODUCTION

The Sutton Safeguarding Adults Board became concerned by a spate of seven deaths between October 2013 and February 2014, each related to the use of alcohol or other drugs. The Board determined that a Serious Case Review should be initiated, with a specified set of aims.

The aims of the Case Review were to:

Establish if there were lessons to be learnt from seven recent fatalities related to problematic substance use, with regard to the ways in which professionals and organisations worked together to safeguard adults;

Identify clearly such lessons, how they will be acted upon and what would be expected to change as a result, and as a consequence make all necessary recommendations to improve inter-agency working and the safeguarding of adults; and

Formulate an overview report which brought together and analysed the findings from evidence provided by contributing agencies, and made recommendations for future action in the wider public interest.

It is not the purpose of the Case Review to apportion blame or to re-investigate cases brought to Sutton Safeguarding Adults Board.

It is acknowledged that individual organisations would have their own internal/statutory review procedures to investigate serious incidents; e.g. NHS Serious and Untoward Incident investigations; the approach adopted by this review is not intended to duplicate or replace these. The full report will be presented to the Sutton Safeguarding Adults Board (SSAB).

The findings of this Serious Case Review are based on Internal Management Reviews undertaken by the principal health providers, including General Practitioners, involved in the treatment and care of the seven individuals. In three cases no Internal Management Review was received by the Serious Case Review panel from the respective General Practitioners; this is regarded by the panel as a learning point for future Internal Management Reviews.

2. BACKGROUND

Seven people died in the Sutton area over the course of five months between October 2013 and February 2014 as an apparent consequence of their use of alcohol or other drugs.

Mortality risk people treated for drug and alcohol dependence

Drug and alcohol dependence carries a significantly raised risk of premature death. While recovery or remission is achievable for the majority of people seeking treatment for substance dependence, for many addiction is a long-lived and dangerous condition.

The legal conditions related to drug and alcohol treatment

The Mental Health Act does not apply to the conditions of alcohol or drug dependence, and the Mental Capacity Act would do so in very exceptional circumstances. Thus, it remains the prerogative of the client in almost all cases, (and specifically in all seven reviewed here), to choose the amount and depth of treatment or support that they accept for the treatment of their substance dependence.

This Serious Case Review should be read in context of the foregoing.

Sutton Drug and Alcohol Recovery Team (Sutton DART) and Community Drug Services South London (CDSSL) operate as a legal partnership as 'Sutton Integrated Drug and Alcohol Partnership' following a tender award in 2013. The Partnership has a collective responsibility for management of the pathway through clinical treatment to psycho-social interventions for substance dependence.

3. PRINCIPAL FINDINGS: THEMES

A number of themes emerged from the review of these cases:

Timely responses to referral

Sutton Drug and Alcohol Recovery Team (Sutton DART) and Community Drug Services South London (CDSSL) were timely in responding to referrals of new patients in respect of both counselling and medical assessment.

Consistent and adequate frequency of patient appointments

Sutton DART and CDSSL offered patient appointments at a frequency that was commensurate with patient need. Both services demonstrated instances of significant clinical skill in assisting their patients.

Limited involvement of next of kin, partners or carers in treatment

The review found examples of both Sutton DART and CDSSL supporting next of kin and carers, including a home visit by a CDSSL family support worker. However, six of seven cases lacked the therapeutic involvement of next of kin, partners or carers by services in the treatment of the individual service user. The Serious Case Review panel acknowledges that such involvement may not always have been practicable or even appropriate, but the extent to which this evidence-based^{1,2} treatment approach was not utilised was of concern to the panel.

Patients drifting out of treatment

¹ National Institute for Health & Clinical Excellence (2011), Clinical guideline 115, Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence

² National Institute for Health & Clinical Excellence (2007), Drug misuse: psychosocial interventions. Clinical guideline 51

Individuals requesting treatment are prone to anxiety, ambivalence and crises of confidence. It is common, therefore, for them to lose the volition to maintain their commitment to treatment, particularly at an early stage before a strong therapeutic alliance has been built between a service user and their keyworker. Research indicates that early exit from treatment is not indicative of good outcome

Attention to the service user's wider personal and social life

Research in recent years has highlighted the importance of drug and alcohol treatment services working with service users to help them form supportive relationships via self-help groups, improve valuable personal relationships, live in settled accommodation, and increase independence and self-esteem via employment and training opportunities or volunteer work^{3,4,5} This change of emphasis represents a significant change to the way services have become accustomed to working with clients. While there are extenuating circumstances (an absence of housing support to Sutton DART, for example) there was limited evidence in the view of the Serious Case Review panel that Sutton Drug and Alcohol Recovery Team had adjusted practice to take advantage of the benefits a greater social orientation to treatment is now known to bring.

Poor dual diagnosis cohesion

It is highly improbable that sufficient specialist skills, resources and knowledge exist within one organisation to meet all the complex health and social needs of an individual experiencing both a significant mental health and a substance use problem. Treatment of such a "dual diagnosis" condition requires therefore the co-ordinated efforts of primary care, mental health secondary care and specialist substance use services to work together,

³ Recovery Orientated Drug Treatment Expert Group (2012) Medications in recovery. Re-orientating drug dependence treatment

⁴ National Institute for Health & Clinical Excellence (2011), Clinical guideline 115, Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence

⁵ National Institute for Health & Clinical Excellence (2007), Drug misuse: psychosocial interventions. Clinical guideline 51

within a care programme approach (Department of Health and Concordat signatories, 2014; Dept. Health 2008). This cohesive approach was lacking in two of the cases reviewed.

Advanced liver disease

Three of the deaths subject to this review were a direct consequence of advanced liver disease. Services endeavoured to help these persons, and much was done that was regarded by the Serious Case Review panel as good practice. These deaths are part of a growing trend across the UK and require treatment services to use the full breadth of evidence-based interventions in working with service users with failing livers who are unable to stop consumption of alcohol or other drugs. In the view of the Serious Case Review panel this should include contingency management, a well-evidenced approach that involves rewards (monetary or token) for desistance from these drugs.

Age

Four of the deaths were among persons aged over 40. The reduced life expectancy of persons with a substance dependence, and the increasing age of the treatment population in England mean that the risk of service user death must be an increasing concern for treatment services.

As previously stated, it is not the function of the Serious Case Review panel to establish any cause of death or to attribute any blame to individual professionals, treatment provider organisations or local administrations. Moreover, none of the observations on aspects of treatment recorded above should be regarded as indicating contributory factors to the death of any of these seven people.

4. KEY RECOMMENDATIONS OF THE SERIOUS CASE REVIEW PANEL

Serious Case Review Panel Recommendation 1

Sutton Drug and Alcohol Recovery Team and Community Drug Services for South London adopt in full The National Institute for Health & Clinical Excellence (NICE), recommendation that for all people seeking help for alcohol misuse, treatment services should:

‘– give information on the value and availability of community support networks and self-help groups (for example, Alcoholics Anonymous or SMART recovery) and

– help them to participate in community support networks and self-help groups by encouraging them to go to meetings and arranging support so that they can attend’

(NICE Clinical Guideline 115, 2011)

Proposed Serious Case Review Panel Recommendation 2

Sutton Drug and Alcohol Recovery Team and Community Drug Services for South London review risk assessment protocols and instruments, ensuring that these adequately address risks related to serious health conditions, incorporate revised assessment at whatever point it may be necessary, and generate actions to be considered by the treatment team.

Following this review, Sutton DART and CDSSL initiate a training programme for all treatment staff.

Serious Case Review Panel Recommendation 3

Sutton Drug and Alcohol Recovery Team and Community Drug Services for South London review their case management protocols and practice in respect of service users who:

- 1 have moderate to severe alcohol dependence; and
- 2 are considered at risk of dropping out of treatment or who have a previous history of poor engagement.

Serious Case Review Panel Recommendation 4

South West London & St George's Mental Health Trust, Sutton Clinical Commissioning Group and the London Borough of Sutton should review care pathways for residents with co-existing substance use and mental health problems, including access to appropriate psychological therapies. This review should reflect NICE guidance⁶, be in line with the Preventing Suicide in England strategy⁷ and with the commitment made in the Mental Health Crisis Care Concordat⁸ to avoid excluding people from local crisis services who have problems with drugs or alcohol. The pathway should include agreed sets of actions for established circumstances.

Serious Case Review Panel Recommendation 5

London Borough of Sutton Public Health Department and Sutton Clinical Commissioning Group reviews the commissioning from Sussex Partnership of detoxification beds to ensure the optimal use of community detoxification and to negate delays in the admission of seriously ill patients in need of detoxification.

Serious Case Review Panel Recommendation 6

GPs in Sutton should be supported to improve practice in providing evidence-based treatment (including medication) to all residents who suffer from generalised anxiety disorder.

Serious Case Review Panel Recommendation 7

With the patients' informed consent, Sutton Drug & Alcohol Recovery Team and the Community Drug Service for South London should involve families and carers at every

⁶ National Institute for Health & Clinical Excellence (2006) Bipolar disorder. The management of bipolar disorder in adults, children and adolescents, in primary and secondary care. NICE clinical guideline 38

⁷ HM Government & Dept. Health (2012) Preventing suicide in England, a cross-government outcomes strategy to save lives

⁸ Department of Health and Concordat signatories (2014) Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis

opportunity, in accordance with National Institute for Health and Clinical Excellence Clinical Guideline 115.

Serious Case Review Panel Recommendation 8

In accordance with the research evidence base, Sutton DART should review policy and practice to ensure that alcohol and drug treatments incorporate services and interventions to help enhance the patient's personal and social capital (i.e. meaningful work, financial solvency, accommodation, spiritual wellbeing, positive relationships).

Serious Case Review Panel Recommendation 9

CDSSL has undertaken to put in place an action plan that will help in similar situations in the future, comprising training from identified specialised external agencies in:

- Working with clients who experience difficulty in engaging with treatment; and
- Liaising and communicating with other professionals, in particular with GPs.

The Serious Case Review Panel supports this plan, which should draw on the evidence base for this important stage^{9, 10}

Serious Case Review Panel Recommendation 10

Where a patient in receipt opioid substitution treatment becomes alcohol or benzodiazepine dependent, Sutton DART should give close consideration to section 5.5 of the 2007 UK Guidelines for the clinical management of drug use and dependence; that is, offer detoxification from alcohol as a priority. Where there are concerns about alcohol use on top of a take-home methadone prescription, due consideration should be given to the

⁹ Ashton M and Witton J (2004), Manners matter. Drug and Alcohol Findings, Issue 11
http://www.findings.org.uk/docs/Ashton_M_36.pdf

¹⁰ Petry, N M, Martin, B, Cooney, J L and Kranzler H R (2000). Give them prizes and they will come: Contingency management for treatment of alcohol dependence. *Journal of Consulting and Clinical Psychology*, Vol 68(2), Apr 2000, 250-257.

use of a breathalyser, and compliance testing to ensure the patient is taking the methadone as directed.

Serious Case Review Panel Recommendation 11

South West London & St George's Mental Health Trust has recommended that staff in the Sutton DART routinely discuss with service users and subsequently document conversations about the severe adverse health implications of using drugs or consuming alcohol on top of taking methadone, to ensure risk is regularly reviewed. The Serious Case Review Panel support this recommendation, on the understanding that identified ongoing risks will lead to remedial actions

Serious Case Review Panel Recommendation 12

The Trust should take forward a review of CDSSL and Sutton DART policies and practice in respect of longer-term service users. This review should be undertaken by a panel that includes a Sutton DART service user, a local commissioner, and a substance misuse specialist who is independent of both Sutton DART and South West London & St George's Mental Health Trust. The purpose of the review would be to ensure that evidence-based interventions are embedded in practice, including the introduction of contingency management in accord with the National Institute for Health and Clinical Excellence Clinical Guideline 51, for patients with intractable life-endangering substance dependence, and proactive communication with patient General Practitioners regarding health concerns.