

Surrey Adults Social Care - Response to Monro; Position statement 12th August 2024

Whilst we understand that the report author was heavily dependent on information provided by IMR authors, it appears that the IMR author for ASC, had taken the views of partners into account when producing their report. Having read the final DHR/SAR report and crucially checked the ASC record, it appears that much of the information known to partners was not known to ASC and therefore ASC responded appropriately to the referral at the time.

The referral of June 2021 was passed by the Contact Centre to the Mental Health Duty team, as it appeared to the Contact Centre that there may be an appearance of mental health issues and/or substance misuse issues. The Mental Health duty team wrote "No appearance of care and support needs at this time". At this point, it was known by some agencies that there had been a referral to SaBP's HTT, and the plan for HTT was to make a referral to i-access. Monro had demonstrated an ability to seek help and support herself. Within Care Act guidance, arguably, she met the threshold for Early Help, appeared to need support or help due to a physical or mental impairment or illness (including drug or alcohol use) and may have required universal and targeted services working together. This was the offer by SaBP.

At times, Monro became vulnerable given her mental health and alcohol /substance misuse, which may have impacted on her developing and maintaining family or other personal relationships and carrying out any caring responsibilities the adult has for a child, during those limited periods and it appeared that Monro was at risk of abuse or neglect at those times. An assessment of Monro's care and support needs could have been offered following the referral in June 2021 *had the contact centre been aware of this*. Given the timeline, this is unlikely to have prevented Monro's death.

The original recommendation at 18.5.1 is specifically aimed at social workers not understanding eligibility for assessment and assumes that ASC had received all the information about Monro. A more appropriate recommendation might relate to interagency information sharing:

A learning tool will be developed and shared with partners in reflective practice sessions, specifically addressing identification of care and support need and appropriate referrals, assessment, signposting and collaborative work with partner agencies, to ensure early information sharing and prevention.