



## **Response to ‘Lily’ Safeguarding Adults Review from the Keeping Bristol Safe Partnership (KBSP)**

‘Lily’ was a 30-year-old white, British, heterosexual woman who was found in cardiac arrest by a member of the public in the early hours of the morning in March 2021, outside the Bristol Royal Infirmary. Efforts to resuscitate Lily were unsuccessful and she was sadly pronounced dead. Lily had an extensive history of contact with services, including the criminal justice system, and was homeless at the time of her death.

There were 439 contact episodes with or about Lily between 6 January 2020 and March 2021, a period of approximately 14 months. 172 of the recorded contacts were with Lily directly which generated 258 contact episodes between agencies. The agencies most frequently involved with Lily were the Probation Service (68 direct contacts) and Avon and Somerset Police (43 direct contacts).

A Safeguarding Adult Review (SAR) was commissioned by the Keeping Bristol Safe Partnership (KBSP) in 2021 following Lily’s death but was delayed by the response to COVID-19. As a result of this, a decision was made by the KBSP to focus only on the production of the report based on the chronology and learning from the practitioners’ session. This SAR was completed in July 2024 and was led by Patrick Hopkinson, an independent consultant in adult safeguarding.

As Independent Chair of the KBSP, I am responding on behalf of the Partnership to the findings from this review. I would like to start by expressing my sincere sadness at Lily’s passing.

The purpose of a SAR is not to apportion blame, but to extract the learning from the case under review. The desired outcome is to promote and reinforce effective practice and identify where improvements or adjustments to the system need to be made. Reviews should be open and transparent and present the learning identified in an effective and accessible way.

This SAR involved the creation of a combined chronology, panel meetings and a practitioners’ session. The practitioners’ session was attended by representatives from the

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Probation Service, Avon and Somerset Police and University Hospital Bristol and Weston NHS Trust.

Lily had a complex range of needs. These included anti-social behaviour in the context of the criminal justice system, mental health difficulties, substance use, self-neglect, and homelessness.

A review of the circumstances leading up to Lily's death highlights the significant time and effort invested in supporting Lily, however she was still street homeless when she unexpectedly died outside a hospital. Despite being assessed by Bristol City Council as eligible for care and having a care package arranged, Lily was not receiving services. She showed signs of mental health needs but was not in receipt of mental health care and support. While services communicated and efforts were made to temporarily house her, there was no consistent multi-agency plan. Lily displayed signs of self-neglect, but the support provided for her was episodic and reactive to Lily's presenting circumstances.

The independent review authors identified lessons for the KBSP to improve practice in Bristol for adults who have multiple vulnerabilities. The SAR's recommendations focus on five key areas:

- Housing stability is foundational for the success of other interventions.
- A comprehensive multi-agency, multi-disciplinary approach is most effective. Good work by some agencies is unlikely to be enough without the involvement of all the relevant organisations.
- Comprehensive multi-agency, multi-disciplinary approaches require coordination.
- Trauma informed approaches that build on a person's strength may offer greater opportunity for engagement.
- Mental capacity should be questioned when someone is self-neglecting, and services are struggling to engage with them.

The Partnership fully accept these recommendations and are committed to working with agencies in Bristol to deliver changes as a result of the review's findings. These recommendations in addition to our plan for addressing the recommendations can be seen below.

Work has been also delivered (since 2021) through the Changing Futures initiative, which specifically looks to refine multi-agency responses and support for persons with multiple and complex needs. Those new ways of working, through the 'My Team Around Me' approach would have likely brought improved prospects for people like Lily and those in a similar situation. This model is becoming well embedded for the relevant cohorts, including those experiencing homelessness.

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It is our intention that this Safeguarding Adults Review will result in professionals reflecting on their practice and delivering improvements where necessary and appropriate in accordance with the recommendations.

If you've been impacted by this review or you know someone who is struggling, please reach out for help. There are many local and national support services that can help you:

- VitaMinds is a free mental health service. You do not need to visit your GP to get help from VitaMinds. Call 0333 200 1893 or [self-refer online](#).
- [Bristol City Council](#) provide advice on night shelters, and temporary accommodation.
- [Shelter](#) also offers advice and support services that offer 1:1 personalised help with housing issues. Contact number: 0330 175 5121.
- [Spring of Hope](#) Women's Shelter offers short term support and refuge to women in Bristol, who are homeless and vulnerable. The Spring of Hope accepts self-referrals. This means you can turn up without help from an agency.



**Sally Rowe**

**Independent Chair**

**Keeping Bristol Safe Partnership**

## **Recommendations and Partnership response**

### **Support for staff**

**Recommendation1:** The KBSP to review how effectively trauma informed practice (including support systems for staff) is embedded (for example, in procedures, protocols, staff support networks) and use the results of this to identify training needs and process and procedure changes.

The KBSP Policy and Quality Assurance Officer is developing a survey to frontline staff across the Partnership to be distributed in 2025 to understand how trauma-informed practice is embedded within their workforce. The responses will be collated and sent to

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the named agencies to respond with actions regarding any training needs, processes, or procedural changes to be undertaken, if required.

## **Mental Capacity**

**Recommendation 2:** The KBSP should receive assurance from partners (through, for example, audit results, survey results, case studies, policy and procedure reviews, performance figures etc) that guidance and training for staff includes when to question and assess mental capacity; how to support people to make decisions and the actions to take when someone makes unwise decisions. This should also include the use of legal processes such as referral to the Court of Protection and when to use them.

An audit on the Mental Capacity Act will be included in the Keeping Adults Safe Board 2025-26 Quality Assurance Framework.

## **Self-neglect, safeguarding and coordination**

**Recommendation 3:** The KBSP should receive assurance from partners (through, for example, audit results, survey results, case studies, policy and procedure reviews, performance figures etc) that multi-agency self-neglect protocols and processes are available, that staff are aware of them, they include substance use and associated behaviours in the definition of self-neglect and that they prompt multi-agency information sharing, risk assessment and decision making.

The Multi-Agency Safeguarding Hub is currently developing the Standard Operating Practice and Terms of Reference to support the implementation and continual running of the Multi-Agency Safeguarding Hub and will include self-neglect, substance use and associated behaviours. These documents are due to be completed by February 2025.

## **Contingency planning**

**Recommendation 4:** KBSP should receive assurance from University Hospitals Bristol and Weston (UHBW) NHS Foundation Trust (through, for example, audit results, case studies, policy and procedure reviews, performance figures etc) that the lessons from this review on the robustness of contingency plans for high impact users have been implemented.

The High Impact User service develop personal support plans which brings together background information regarding concerns, risks and action planning which is added to the University Hospital Bristol and Weston trust-wide electronic record. The High Impact User service holds monthly meetings with a wide range of partnership agencies to discuss

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frequent attenders and look at how best to support individuals, share risks and updates using a multi-agency approach. The High Impact User staff have also ensured that contingency plan records are clear, documented and communicated clearly.

### **Mental Health and substance use**

**Recommendation 5:** The KBSP should receive assurance from partners (through, for example, audit results, case studies, policy and procedure reviews, performance figures etc) that the mental health needs of people who use substances and have episodic, short-term contact with mental health services can be assessed and that patterns of attendance and presentation and concerns can be identified and are used as part of the assessment process.

The KBSP, Combatting Drugs Partnership, Public Health and Mental Health services are working to develop a dual diagnosis pathway for clients in contact with substance use and mental health services, and identify action to address trauma responses when secondary mental health thresholds are not met.

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