Learning On One Page (LOOP)

Safeguarding Adults Review (SAR24A) in relation to Bob –January 2026

Derbyshire Safeguarding Adults Board

Background/circumstances leading to the review

This Safeguarding Adults Review (SAR) was commissioned by Derbyshire Safeguarding Adults Board (DSAB) in January 2024. The SAR referral indicated that there may be learning for agencies around the care provided to Bob in relation to diabetes management and the treatment of his mental health. Bob was a White British man in his seventies with complex physical and mental health needs including Type 1 Diabetes, Alzheimer's disease, and depression. Bob's care journey involved multiple transitions between home, hospital, and care settings prior to his death from pneumonia and heart disease in 2022.

SARs aim to identify any system-wide learning in relation to multi-agency working and safeguarding practice to ensure that where required, improvements are made to local systems and processes. SARs also provide an opportunity to identify and highlight areas of positive practice.

Areas for improvement

Working in partnership with family/carers: Agencies must proactively engage families as partners in care. Family involvement must be systematically supported, recognising their insights and roles in advocacy and decision-making.

Best Interests decision-making: Family members acting as Lasting Power of Attorney (LPA) need access to professional support structures, such as best interests meetings and guidance.

Integrated Care models: Virtual integration across mental and physical health services requires strengthening to manage co-existing conditions like diabetes and depression.

Multi-agency coordination: Effective communication, especially at care transitions, is vital. Multi-disciplinary team (MDT) meetings and shared planning reduce risks and improve outcomes for people.

Safeguarding and legal literacy: Clear thresholds and feedback mechanisms are needed to distinguish between quality concerns and safeguarding issues, ensuring appropriate referrals and responses.

Positive practice

Family advocacy: Bob's daughter, acting as his attorney under a registered Lasting Power of Attorney (LPA) for health and welfare, consistently advocated for his needs and provided care in accordance with his best interests.

Professional commitment: Practitioners demonstrated compassion and dedication in their work.

Specialist support: Access to diabetic nursing and geriatric expertise was available across care settings, with flexible consultation models.

Key learning themes

- Systematic family engagement
- Support for people acting as attorneys under a registered Lasting power of attorney (LPA)
- Strategic planning for co-morbidities.
- Enhanced multi-disciplinary team (MDT) use
- Referral quality and feedback to referrers

DSAB recommendations

Five recommendations were made in this SAR, and work is underway to embed the learning.

Recommendation 1: DSAB organisations should consider how they can approach family working in a more systematic and proactive way. For example, a family partnership strategy may be incorporated into an organisational policy or procedure, or agencies may follow a nationally recognised model such as the Triangle of Care.

Recommendation 2: DSAB to seek assurance that support is provided to family members who hold Lasting Power of Attorney for health and welfare decisions and explore whether this could be improved to offer a parity of support for non-professional best interests decision-makers.

Recommendation 3: A strategic-level discussion to take place among health agencies about how to address the growing and future risks of co-existing conditions such as diabetes and mental illness.

Recommendation 4: The use of multi-agency MDT meetings and dialogue should increase, especially in the health sector, at points of transition between care settings: admission, transfer, and discharge with additions of contingency plans.

Recommendation 5: The DSAB and its members should continue their work on improving feedback on the quality of referrals.