



Derbyshire Safeguarding Adults Board

Learning Brief for practitioners and managers
Safeguarding Adult Review: SAR24A 'Bob'
January 2026



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BACKGROUND

A discretionary Safeguarding Adults Review (SAR) was commissioned by Derbyshire Safeguarding Adults Board (DSAB) in January 2024 following the death of Bob.

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. A discretionary SAR can be commissioned under Section 44(4) of the Care Act 2014 when a SAR referral does not meet the statutory criteria for a SAR, but it is agreed that there is potential to identify valuable learning to improve multi-agency safeguarding practice through system-wide reflection and improvement.

Bob was a White British man who was in his seventies when he died in 2022. He had complex physical and mental health needs including Type 1 Diabetes, Alzheimer's disease, and depression. Following the death of his wife, Bob experienced severe depression, with symptoms requiring hospitalisation under the Mental Health Act 1983.

Bob's care journey involved multiple transitions between his home, hospital, and care settings, prior to his death from pneumonia and heart disease. The SAR referral indicated that there may be learning for agencies in relation to the care provided to Bob around diabetes management and the treatment of his mental health conditions.

Bob's daughter and son provided valuable information to support the SAR process which helped the independent SAR reviewer and SAR panel members to understand what Bob was like as a person and what was important to him. He was described by his family as being a proud and determined man who was very family orientated. He had a successful professional career prior to becoming unwell. The DSAB is grateful to Bob's family for their feedback and input throughout the SAR process.

LEARNING FOR PRACTITIONERS AND MANAGERS

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 a registered 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.

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 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 to provide care and support for Bob.

Specialist Support

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

RECOMMENDATIONS

Five recommendations were made in this review related to the following themes:

- 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

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 review the support provided to family members who hold Lasting Power of Attorney for health and welfare decisions and consider whether this can be improved to offer a parity of support for non-professional best interests decision-makers.

RECOMMENDATION 3

A strategic-level discussion among health agencies should take place 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 Multi Disciplinary Team (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 Safeguarding Adults Board and members should continue their work on improving feedback to referrers on the quality of referrals.

NEXT STEPS

The purpose of a Safeguarding Adult Review is to learn and improve the services provided to people.

The Derbyshire Safeguarding Adults Board has developed an action plan to ensure that the learning identified in this review is implemented.

Please take some time to reflect on the findings from the SAR and consider how it applies to your role and service.