



**Safer Somerset Partnership
Informal Learning Review
DHR 035**

Report Author

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Somerset DHR 035 Informal Learning Review Case Briefing

1 Introduction

- 1.1 Somerset NHS Foundation Trust notified the Safer Somerset Partnership (SSP) on 18th November 2020 of a death of an 82-year-old female (known in this review as Deborah). Shortly afterwards it was clarified that the death was through natural causes, although initially that wasn't thought to be the case. The death continued to be considered for a review due to a recent history of domestic abuse (from her husband, known in this review as Edward), and Deborah having been referred to MARAC on multiple occasions in the preceding 18 months.
- 1.2 The SSP Chair considered the death in line with the local DHR procedure and national statutory guidance. He concluded that a DHR wasn't required, due to the nature of the death. However, he decided that a multi-agency learning review would be beneficial. Specifically, to ascertain if there is any learning for how agencies respond to both older victims of domestic abuse, and for when one or both parties may have care and support needs.

The Home Office were advised of this decision in accordance with the statutory guidance. They agreed with this course of action and have asked to receive a copy of the report once complete.

2 Process

- 2.1 The stages to this learning review process were:
 - i. Membership of the learning review was identified from determining the agencies who were known to have had contact with Deborah.
 - ii. Agencies who'd confirmed involvement with Deborah in the initial scoping phase were asked to complete a chronology.
 - iii. Chronologies were then combined to provide an overview of how agencies had engaged with Deborah, and where any multi-agency working had taken place.
 - iv. A learning review meeting was held on 11th March 2021, where the chronology was reviewed, and any themes and learning arising were considered.
 - v. This case briefing report was then agreed to be drafted.
 - vi. Once approved by the SSP, the final report to be circulated with SSP members. It will also be shared with the local Safeguarding Adults Board and Home Office, for information and dissemination.

2.2 The panel membership for this review was:

Agency	Representative
Chair (SCC Public Health)	Public Health Specialist
Adult Social Care	Safeguarding Lead
Avon and Somerset Police	Detective Inspector
Clinical Commissioning Group	Deputy Designated Nurse Safeguarding Adults
Safer Somerset Partnership (SCC Public Health)	Senior Commissioning Officer
SIDAS (Livewest Housing – provider to 31.03.20)	Safeguarding Lead
SIDAS (The You Trust – provider from 01.04.20)	Area Manager
Somerset NHS FT	Associate Director of Safeguarding

3 Chronology Summary

- 3.1 Chronologies were completed by Somerset NHS Foundation Trust, GP (via CCG), Somerset Integrated Domestic Abuse Service (SIDAS), Adult Social Care, Somerset and Avon Rape and Sexual Abuse Support (SARSAS) and Avon and Somerset Police.
- 3.2 A total of 89 entries were recorded. 54% of contacts were recorded by Health agencies, and 27% by SIDAS. These are summarised below.
- 3.3 Between January 2018 and April 2018, the GP has recorded contacts that Deborah had had with acute hospitals regarding a stroke and long-term health conditions.
- 3.4 In October 2018, Deborah visited her GP regarding a long-term health condition, and disclosed experiencing “unwanted sexual advances”, and “shouting” which cause her stress. The GP stated, “discussed I would recommend she avoids undue stress”.
- 3.5 In January 2019, the GP received correspondence from a local hospital after Deborah attended for a routine cardiac appointment. Deborah disclosed to the cardiac worker that she was experiencing sexual abuse from her husband, and this “had been happening for years”.

The hospital’s domestic abuse worker was contacted by the cardiac worker to join the meeting with Deborah and review her options. These options included contacting the police and using a room in her home as a ‘safe place’ to lock herself in if required. She advised she’d previously contacted the police, but the abuse continued.

Deborah declined referrals to either the local domestic abuse or sexual abuse services.

- 3.6 Later in January 2019, the GP meets Deborah to follow up on the disclosure made at the hospital (3.5 above), and various options were discussed including consideration of completion of a DASH¹. She advised she would like further support. Although Deborah said she knew she could contact the police at any time, she also said that her children although aware of the situation and supportive, did not want the police involved. The GP refers to the local authority safeguarding team and it is accepted for a S42 Enquiry under the Care Act.
- 3.7 At the end of January 2019, Deborah has further GP appointments, where she said that she'd not heard from social services. The GP follows up on this. Although there were no issues with the timeliness (7 working days between triage and allocation), this does indicate that Deborah was keen to speak to a social worker about her situation.
- 3.8 In February 2019, SIDAS received a referral for Deborah from Adult Social Care with a DASH rated as standard but with concerns that having spoken to SARSAS, Deborah could "be left for months with no support". SIDAS contacted Adult Social Care requesting more details as both the DASH and referral form were sparsely completed.

Adult Social Care then responded with more details and to say that they'd discussed MARAC² with Deborah, and that she'd declined this. The social worker also explained that she felt Deborah would suffer if she couldn't remain married and at home, and that emotional support only would be the most appropriate response, as this was Deborah's identified outcome.

SIDAS responded to state that MARAC can be held without the client's consent and asked the social worker to complete the referral forms. Subsequently SIDAS contacted Deborah, who explained that her (adult) child who lives with them didn't want any involvement, and that she wanted Adult Social Care to speak to her husband. Deborah declined support from SIDAS, and SIDAS advised Adult Social Care that the case should be progressed to MARAC so "other agencies are aware".

¹ Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification Checklist (<https://www.dashriskchecklist.co.uk/>)

² Multi Agency Risk Assessment Conference

Adult Social Care inaccurately replied to SIDAS to state that as Deborah was on the waiting list for SARSAS counselling and referred for a support worker and, no further action was required. (see 3.10 below). After further correspondence and "reluctance", the social worker did make a MARAC referral. During the review it was identified that this was a Newly Qualified Social Worker's lack of understanding of the MARAC referral process and that professionals can refer without consent and under professional judgement.

- 3.9 Also in February 2019, the Police record that Adult Social Care contacted them to report the sexual abuse that Deborah was experiencing, and to make a referral to MARAC. The Police records state that the social worker reports that Deborah wants no action other than for social services to speak to Edward. Adult Social Care's records state that this was in line with 'making safeguarding personal' as Deborah wanted to remain residing with her husband, but expressed that she wanted someone to talk to about the situation and consented for an onward referral to SARSAS for counselling re: sexual abuse, but SARSAS informed they had a long waiting list. Deborah also wanted someone to speak to her husband about the impact of his behaviour on her. This was undertaken on 17.04.19 and a male safeguarding worker had a conversation with Edward. A DASH was also completed as part of the Section 42 enquiry. Deborah did not consent for Adult Social Care to speak with her children (adult). And recommended that Deborah speak to her GP about exacerbation in sexualised behaviour. At the end of the enquiry Deborah had started attending a coffee morning and told the social worker she was much happier and had a good support network.

The police then visit Deborah and complete a DASH. The incident was filed by the police as Deborah didn't want any further action and was being supported by an Independent Domestic Violence Advisor (IDVA)³. (Note 3.8 above that Deborah had declined this support). The police also noted that her (adult) child was residing at the property.

- 3.10 As noted above in 3.9 Adult Social Care also referred Deborah to SARSAS. SARSAS records state they received the referral and offered her an appointment. Deborah declined this as she advised she did not want counselling at this stage and had the safeguarding team involved.
- 3.11 Deborah's case was discussed at the March 2019 MARAC following the referral from Adult Social Care. No actions were recorded by any agency.

³ An IDVA is a specialist domestic abuse professional [What is an Idva? | Safelives](#)

- 3.12 Between April 2019 and January 2020, the GP records several entries regarding various ailments. Domestic abuse is not mentioned, although Edward was noted as “being demanding” in an entry in December 2019.
- 3.13 In early February 2020, the Police receive a third-party report to state that Deborah had been sexually assaulted by Edward.
- 3.14 A couple of days later from 3.13 above, the GP completes a home visit to Deborah, and she discloses a sexual assault. The GP discusses this with both Deborah and Edward, and Deborah states she “is prepared for him to stay at home, but if it occurs again would want him to leave”. The GP notes that Edward stated, “he is sorry and felt the talk helped”. The GP recorded giving Edward a leaflet to self-refer (it’s not stated to what).

The GP contacts Deborah as a follow up twice in the next 3 days to see how she was. The second time, Deborah told her GP that the police were arranging for her to have an emergency phone line.

- 3.15 At the beginning of March 2020, Edward was seen by Somerset NHS Foundation Trust Talking Therapies Service, and this service contacted the safeguarding team as he’d disclosed sexual abuse towards his wife.

A couple of weeks later, Somerset NHS FT note that they share information via professional choices⁴ for MARAC.

- 3.16 In April and May 2020, the GP records two entries of contact, domestic abuse is not mentioned.
- 3.17 In early July 2020, SIDAS receive a referral for Deborah from a non-Somerset acute hospital where Deborah had been receiving an outpatient service. The DASH accompanying this referral was scored 3 but escalated to high risk with professional judgement.
- 3.18 Later in July 2020, Deborah’s case is discussed at the MARAC, where it was recorded that neither Deborah nor Edward were known to any services. As a result no actions were made.

⁴ Professional Choices is a sharepoint site owned by Somerset County Council, which secure virtual meeting rooms

- 3.19 In late August 2020, SIDAS receive another referral from the same organisation as 3.17 above, with a DASH again of 3 plus professional judgement, escalating it to high risk. The referral stated that the last physical assault had been February 2020, but was now experiencing verbal aggression from Edward.
- 3.20 In early September, Deborah attended Somerset NHS FT for a surgical appointment, and she disclosed physical and verbal abuse from Edward. Somerset Direct⁵ were contacted and accepted the referral. Subsequently, Adult Social Care safeguarding triaged this referral and had a conversation with Deborah who did confirm she had numbers to call in her purse and did not want any further action taken, as things had settled. It was not accepted for a S42 Enquiry.
- 3.21 In mid-September, SIDAS record that their Service Manager discussed Deborah's case with an Adult Social Care Safeguarding Service Manager and agreed that Deborah should be allocated an IDVA. (The Adult Social Care panel member was unable to find a record of this on their systems.) Subsequently the IDVA contacted the GP, who stated they didn't understand why they were being contacted and didn't know what an IDVA was. The GP told the IDVA there were no safeguarding concerns and didn't know what he was expected to do.

As a result of the above conversation, the GP also records this conversation. The GP notes that he is unable to disclose any confidential information to the IDVA without Deborah's consent. He did suggest being able to speak to Deborah and gain her consent.

- 3.22 In mid-September 2020, Deborah's case was discussed at MARAC and no actions were identified and there was no further information.
- 3.23 In late September 2020, the GP made a routine appointment to speak to Deborah. During this appointment he asked about the situation with Edward. She discloses that she feels safe at night when her (adult) child is there. She did give consent for the GP to speak to the IDVA, although she said she feels she doesn't need further contact with them. The GP records that Deborah has deteriorating health and age-related frailty and there's a potential adult safeguarding risk.

Subsequently the GP contacts the SIDAS IDVA to advise that he'd spoken to Deborah, and there's no further intervention needed from SIDAS.

⁵ Somerset Direct is Somerset County Council's customer service centre.

3.24 At the end of September 2020, the non-Somerset acute hospital outpatient service contacted SIDAS to see if they could pass on any information to Deborah. The SIDAS IDVA suggested finding a safe contact method and to pass on the local helpline number to Deborah.

A couple of weeks later, the outpatient service worker contacted SIDAS to advise she'd passed on the local helpline number to Deborah.

3.25 In October 2020, the GP has an appointment with Deborah, domestic abuse is not mentioned.

3.26 At the beginning of November 2020, Deborah contacted the police to report that Edward had again sexually assaulted her. The police questioned him about this, and he admitted it immediately. The police noted that Edward was suffering from dementia and his behaviour was becoming more difficult for Deborah to manage. Deborah didn't want to pursue a complaint.

3.27 The same day as the police visited in 3.26, Deborah had a consultation with the GP practice. She reports further abuse and the GP reported this to Adult Social Care. This was accepted for a S42 Enquiry and a visit to Deborah was booked by the social worker. The GP also mentioned speaking to one of Deborah's children, who expressed concern that one of them will kill the other as Deborah had, several months previously been seen with a knife in her hand.

3.28 Adult Social Care receive the referral from the GP and one of Deborah's children. The next day, Edward contacted Adult Social Care requesting care for Deborah. He also disclosed he'd sexually assaulted her. The referral from one of Deborah's children stated they'd overheard Edward shouting down the phone that he'd stay away from Deborah as advised by the police, but "she still needed to cook his meals or he would not give her any money".

3.29 A day later the Police Lighthouse Safeguarding Unit spoke to Deborah explaining what support was available for her. Deborah declined this saying she was ok.

3.30 A couple of days later the GP records that the Adult Social Care Safeguarding Team contacted them to say a social worker will be allocated, and then will contact them.

3.31 The next day, Deborah was taken to Somerset NHS FT acute hospital, where after 4 days Deborah died. The report to the coroner by the doctor highlighted that Deborah had several underlying health conditions.

- 3.32 Before her death, and during her stay in hospital, one of Deborah's children contacted Adult Social Care to say she'd been sexually assaulted in recent days and Deborah refused to leave the hospital until Edward had left the house.

Also, during these few days, the Somerset NHS FT emergency department raised concerns to the safeguarding team regarding the alleged sexual assault. Deborah had told staff she doesn't want Edward to visit her.

4 Key Themes and Learning Points

- 4.1 The review panel considered several key themes and learning points as outlined below.

4.2 Theme 1 – Age

- Learning Point, A - Are agencies confident their response to victims of domestic abuse is consistent regardless of age?⁶
 - The panel agreed that professionals can respond to domestic abuse disclosures differently if someone is older. This may be due to lack of training and awareness.

Recommendation – Safer Somerset Partnership to seek assurance / ask agencies involved in this review to confirm how they respond to disclosures of or suspected domestic abuse involving older people. This is to include assurance that the domestic abuse pathways are adhered to.

- The You Trust representative advised that in another operating area, a multi-agency audit is taking place.

Recommendation – Assess via audit if multi-agency response to domestic abuse and older people is effective.

The panel noted that the response to perpetrators of domestic abuse can be insufficient, and especially so if it's an older person. Additionally, a response to a disclosure of rape by an adult of working age may also be different to that of an older person.

⁶ <https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>

- Learning Point B – Does this case indicate that agencies “victim blame”? The panel agreed that whilst professionals may not intentionally blame the victim, some of the language used in this case suggests more awareness of this issue needs to take place.

Recommendation – Safer Somerset Partnership / Safeguarding Adults Board to ensure training and awareness includes consideration of language and necessity not to blame the victim.

Recommendation – Review Panel Chair to seek assurance that police understand domestic abuse perpetrator behaviour (following comment made after death by a police officer)

4.3 Theme 2 - Understanding Barriers to Leaving Long-Term Domestic Abuse

- Learning Point, A – Deborah stated she’d been experiencing domestic abuse for years, and she has separately disclosed this to multiple agencies including GP, Police and Hospital, which indicates she did want help. It could be argued from the chronology that her willingness to engage varies, suggesting she may find it difficult to make decisions. The panel considered if there’s anything agencies could have done to help her get the support she needed.
 - The panel agreed that agencies could have worked together better. E.g. SIDAS using the GP (or another venue) as a place to meet to introduce service/engage, rather than making phone calls.
 - It’s unclear if a Restraining Order or Domestic Violence Protection Notice/Order (DVPO)⁷ were considered but may have been appropriate.

Recommendation – Upskill all professionals within agencies involved so they know how to assess and respond to people in long-term abusive relationships. SSP to gain assurance as to how information is disseminated within these agencies and that agencies have effectively upskilled staff.

- Learning Point B – It’s clear coercive control and financial abuse were features of this relationship. However, were these clearly understood by professionals? And the impact these will have on someone’s ability to leave a relationship? Also were the main categories looked at in isolation without considering how they all interlinked and would’ve increased the overall impact of the abuse experienced?

⁷ Civil order designed to protect victims <https://www.gov.uk/government/publications/domestic-violence-protection-orders/domestic-violence-protection-notices-dvpns-and-domestic-violence-protection-orders-dvpos-guidance-sections-24-33-crime-and-security-act-2010>

- It was agreed that more information is required, particularly in the context of older people.

Recommendation - Improve professional's awareness of older people and domestic abuse/sexual violence and how to respond. This is to include coercive and controlling behaviour. Also, share new materials with agencies involved and gain assurance as to how information is disseminated within their agencies.

4.4 Theme 3 - Assessing the Risk

Learning Point A – Are professionals only completing a DASH when the victim consents to a possible referral? This is a recurring issue in Somerset, what can agencies do to ensure their staff understand the importance of always assessing risk regardless of consent? Also knowing they can refer under professional judgement based on presenting risk factors of individual case – despite low DASH score (which could be likely in cases involving older people).

- The panel agreed that further training and auditing by managers is required. Assurance needs to be given to the Safer Somerset Partnership through Self-Assessment that DASH's are completed irrespective of consent.

Recommendation - Improve professionals' skills in using their judgement to assess risk, and not relying on actuarial assessments which can disadvantage cases involving older people. Also to complete DASH assessments irrespective of consent.

Learning Point B – When referrals are made, are they good quality providing relevant and comprehensive content?

- It was agreed by the panel that this is an area for improvement.

Learning Point C - Timeliness of assessment of risk, and was professional judgement used?

Recommendation – Ensure agencies are reminded of importance of completing referrals in full and doing in a timely way.

4.5 Theme 4 – Multi-Agency Working

- Learning Point A – This case was either discussed at or considered for MARAC on multiple occasions, but the process and outcome appear to have been ineffective. Why was this? Is all relevant information being disclosed at MARAC?
 - The panel discussed this learning point and queried whether the Multi-Agency Safeguarding Hub (MASH) was considered in this case. Also, whether MARAC is the best place for older victims to be discussed. All noted that at the time of earlier referrals to MARAC for Deborah, it was in the context of MARAC transitioning from the police into SIDAS.
 - The You Trust suggested that in another operating area, a meeting called Multi-Agency Risk Management Meeting (MARMM) is being used. Could this work here, particularly for repeat cases such as Deborah's?

Recommendation – Assess the effectiveness of MARAC for cases of older people via an audit

Recommendation – Determine if the MARMM process should be adopted in Somerset or whether the Somerset Safeguarding Adult Board's existing "What to do if it's not safeguarding" guidance is sufficient.

- Learning Point B – It's good practice that in this case, the GP is known, and contact was made by SIDAS with the GP. Although it's unclear if the GP was aware of the outcome of the MARAC meeting, or given opportunity to participate.

4.6 Theme 5 – Health and Care Needs and Link to Safeguarding and Domestic Abuse

- Learning Point A – Both Deborah and her husband had some care and support needs. Were these used to rationalise the domestic abuse taking place? The evidence of Deborah having reported coercive control, sexual assault and financial abuse, as taking place over many years, shows that perhaps more needs to be done to recognise domestic abuse in such situations.
- Learning Point B – Experiencing domestic abuse can have serious negative health consequences, which can be argued to make any other health condition worse. Are professionals confident in supporting people with various ailments, and who are experiencing domestic abuse, or is it considered a single issue?
- Learning Point C – When is safeguarding domestic abuse?
 - A number of local recent DHRs with people over 60 years have died.
 - GP clearly considered Deborah's case safeguarding and not domestic abuse.

- The chronology suggests a lack of willingness to refer to MARAC due to a misunderstanding by an individual Adult Social Care worker because safeguarding needs were being dealt with.

4.7 Theme 6 – Response to Perpetrators of Domestic Abuse

- Learning Point A – Deborah reported wanting someone to speak to her husband. Did this happen? Evidence from DHRs and take-up of voluntary perpetrator programmes, shows that many professionals find it difficult to effectively engage with perpetrators of domestic abuse. This maybe compounded further when it's an older person. Is this an area for professional development across all agencies?
- Learning Point B – Edward admitted sexual assault on more than one occasion, but it was decided that no action would be taken, except to refer to Talking Therapies. Is this an acceptable response?
- Learning Point C - Deborah communicated that the abuse had got worse, was there any medical exploration into the exacerbation of husbands over sexualised behaviour?
 - The panel noted that the response to perpetrators of domestic abuse is varied and often fails to address the issue. This maybe due to various reasons. It's also unclear if all agencies in this case considered the full range of civil and criminal interventions available to address Edward's behaviour.
 - The You Trust advised that their new "Health Advocates" would be completing awareness raising in GP surgeries to improve knowledge and awareness of different types of domestic abuse.
 - The CCG also agreed to clarify whether GPs have the "Safeguarding Risk Decision Tool".

Recommendation – Ensure GP's are briefed on impacts of domestic abuse and older people, including this case's findings

Recommendation – Appraise understanding of the Somerset multi-agency response to domestic abuse perpetrators.

4.8 Theme 7 – Understanding Of And Responses To Different Types of Domestic Abuse

- Learning Point A – Are we confident frontline practitioners understand that sexual abuse is part of domestic abuse and a form of control? This includes the staff in the specialist DA service. For example, please see footnote⁸
- Learning Point B - Coordinating a response when abuse is sexual. Are we confident that services can respond collegiately to a victim? *In this case Deborah has separately disclosed to GP, Police, Hospital, which indicates she did want help.*
 - The You Trust advised that SIDAS had recently received further training in this.
 - **Recommendation – Examine feasibility of commissioning a re-run of the SARSAS older people and sexual violence campaign.**

4.9 Good Practice

- i. The panel agreed that impact of covid-19 pandemic didn't appear to make any difference to Deborah being able to engage with agencies and disclose to professionals.
- ii. Agencies were good at making onward referrals and that Deborah's views and wishes were gathered each time.

⁸ Research⁸ suggests that women who've frequently been sexually assaulted, have more PTSD symptoms. PTSD itself can manifest in low self-esteem. Therefore, the impact of Deborah experiencing sexual assault for many years, will have impacted on her negatively. Do services need to undertake further training to understand PTSD's effects as part of domestic abuse and how to help?

5 Recommendations

No.	Recommendation	Responsible	Action	Target Date	Outcome
1	Safer Somerset Partnership to seek assurance / ask agencies involved in this review to confirm how they respond to disclosures of or suspected domestic abuse involving older people. This is to include assurance that the domestic abuse pathways are adhered to.	SSP and <ul style="list-style-type: none"> • Adult Social Care • A&S Police • CCG • SIDAS • Somerset NHSFT 	Request information as part of the Somerset Domestic Abuse Board self-assessment 2021	30.11.2021	
2	Assess via audit if multi-agency response to domestic abuse and older people is effective.	The You Trust SCC	The You Trust to share the process for audit (from other operating area) with SCC Public Health. SCC Public Health to consider implementing audit in Somerset via Somerset Domestic Abuse Board.	30.6.2021	
3	Safer Somerset Partnership / Safeguarding Adults Board to ensure training and awareness includes consideration of language and necessity not to blame the victim.	SSP SSAB and <ul style="list-style-type: none"> • Adult Social Care • A&S Police • CCG 	SSP/ SSAB to review current training standards/ programmes and amend if required As part of 2021 Somerset DA Board self-assessment, agencies	30.11.2021 30.11.2021	

No.	Recommendation	Responsible	Action	Target Date	Outcome
		<ul style="list-style-type: none"> SIDAS Somerset NHSFT 	to audit any in-house training programmes to ensure emphasis of appropriate language		
4	Improve professionals' skills in using their judgement to assess risk, and not relying on actuarial assessments which can disadvantage cases involving older people. Also to complete DASH assessments irrespective of consent.	SSP and <ul style="list-style-type: none"> Adult Social Care A&S Police CCG SIDAS Somerset NHSFT	Request information as part of the Somerset Domestic Abuse Board self-assessment 2021	30.11.2021	
5	Ensure agencies are reminded of importance of completing referrals in full and doing in a timely way.	SCC Public Health	Agencies to be reminded (via SSP Domestic Abuse Newsletter)	30.4.2021	Complete (published in SSP DA newsletter April 2021)
6	Upskill all professionals within agencies involved so they know how to assess and respond to people in long-term abusive relationships. SSP to gain assurance as to how information is disseminated within these agencies and that agencies have effectively upskilled staff.	SCC Public Health and <ul style="list-style-type: none"> Adult Social Care A&S Police CCG SIDAS Somerset NHSFT 	A "How To Have The Conversation" Toolkit to be published on the Somerset Survivors website. This to include information for older people, perpetrators, sexual abuse and children, together with a frequently asked	31.8.2021	

No.	Recommendation	Responsible	Action	Target Date	Outcome
10	Determine if the MARMM should be adopted in Somerset. Or whether the Somerset Safeguarding Adult Board's existing "What to do if it's not safeguarding" guidance is sufficient.	SSP (SCC Public Health)	<p>SCC Public Health/ Adult Social Care and CCG to receive information on MARMM and compare to SSAB "What to do if it's not safeguarding" guidance.</p> <p>Determine if MARMM should be adopted and implemented, or if the existing SSAB guidance is sufficient. Whichever is decided, to promoted widely throughout SSP and SSAB agencies.</p>	<p>31.5.2021</p> <p>30.6.2021</p>	
11	Ensure GP's are briefed on impacts of domestic abuse and older people, including this case's findings	CCG	The CCG to include a case study of this death in their GP newsletter.	31.8.2021	
12	Appraise understanding of the Somerset multi-agency response to domestic abuse perpetrators	SCC Public Health	Include in the MARAC peer-review and commission Safe Lives mapping to consider response to perpetrators.	30.9.2021	
13	Examine feasibility of commissioning a re-run of the SARSAS older people and sexual violence campaign.	SCC Public Health	SCC Public Health to speak to SARSAS CEO to establish costs and feasibility.	31.7.2021	