Case Study: Collaborative, Escalated Support for a Rough Sleeper with Deteriorating Health and Capacity Concerns

Background

Tom*, a man in his 50s, has been known to local outreach services and social care teams for several years while sleeping rough. Over this time, he has repeatedly declined offers of accommodation and disengaged from many statutory services. Although previously assessed by a mental health team as having capacity, concerns persisted across professionals about whether he was consistently able to make safe and informed decisions. A trainee psychologist also noted impaired judgement, though no formal diagnosis was made.

Tom's case re-emerged more acutely when, after years of limited engagement, his physical condition began to deteriorate rapidly.

What We Did

Opportunistic Health Checks and Escalation

Our Equity team identified Tom as someone who might benefit from opportunistic health checks and brief interventions (MECCs), recognising that trust-based, non-intrusive contact would offer the best route to engagement. By this point, Tom would not see his GP and had largely withdrawn from the outreach team, communicating only via pen and paper.

After several conversations, outreach workers raised concerns about his worsening appearance and limited mobility. ABC clinicians conducted a welfare check and identified visible signs of cellulitis in his legs and elevated blood pressure. We linked directly with his GP and arranged for a home visit. The GP was able to assess Tom on-site, providing some reassurance.

Shortly after, Tom's condition deteriorated further. When our nurses returned for a follow-up visit, his leg appeared discoloured, and he was clearly unwell. An ambulance was called immediately.

Managing Risk Without a Capacity Ruling

The paramedics spent over an hour on site and shared the clinical concerns -but ultimately, Tom was deemed to have capacity to refuse treatment. He declined admission and signed the necessary paperwork. Throughout this process, our clinicians ensured both the GP and duty doctor were kept fully informed and records updated.

At this point, no formal legal mechanism was in place to mandate treatment. However, recognising the significant risk, ABC worked closely with partners to hold that risk

collectively, keep communication live and do what we could to maintain safety in the meantime.

Coordinated Action and Escalation

ESOS outreach workers and the manager from Surrey Adults Matter escalated the case to the Community Mental Health Team (CMHT) for a formal capacity reassessment. Emotional strain was high - our nurses and outreach partners expressed ongoing concern for Tom's safety.

ABC led ongoing communication between agencies. We shared clinical notes and health updates across teams. Together, we questioned whether capacity was being applied too rigidly - an "all-or-nothing" threshold - rather than recognising that Tom's ability to weigh up risk may have been impaired in some areas but not others.

In parallel, we explored what practical steps could still be taken. Our on-call GP arranged a prescription for antibiotics, which were delivered to Tom. While his observations remained within normal parameters at the next visit, his presentation continued to raise concern. ESOS maintained daily welfare checks and our clinicians provided remote and in-person oversight to support decision-making.

Intervention and Outcome

While CMHT continued their engagement, ABC's lead nurse carried out weekly clinical reviews, documenting changes in presentation, capacity concerns and emerging signs of paranoia. This built a consistent clinical picture that informed decision-making across all agencies.

Despite the absence of formal powers early on, the collaborative approach meant professionals remained connected and responsive. ABC's persistence in record-keeping, information-sharing and safeguarding dialogue helped sustain momentum.

Ultimately, following a further multi-agency visit and ongoing deterioration, Tom was sectioned under the Mental Health Act and admitted to hospital for treatment.

Impact

This case highlights the complexity of working with individuals experiencing long-term rough sleeping, physical decline, and suspected impaired capacity - particularly when no immediate legal framework is in place.

It also demonstrates how ABC, alongside partners, maintained a coordinated, pragmatic response that prioritised trust, clinical consistency and safety. In the absence of a formal capacity ruling, we used every available avenue to hold risk, reduce harm and maintain engagement until statutory thresholds could be met.

Our trusted clinical presence, combined with our ability to connect partners and keep records current, ensured Tom remained visible to services and ultimately received the care he needed.

*Name changed to protect identity.