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Improving life for local people

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RECEIVED
17 MAR 2015

Miss Sophie Cartwright
Coroner's Court
5-6 Royal Court
Basil Close
Chesterfield
Derbyshire
S41 7SL

12 March 2015

Dear Miss Cartwright

LOUISE SHARON HENRY
DATE OF DEATH: 2 APRIL 2013
DATE OF INQUEST: 2-5 DECEMBER 2014

This response has been prepared by Derbyshire County Council and Derbyshire Healthcare NHS Foundation Trust as a result of HM Coroner issuing a report under para 7, schedule 5 of the Coroners' and Justice Act 2009 and regulations 28 and 29 of the Coroners' (Investigations) Regulations 2013.

During the course of the inquest the evidence revealed matters giving rise for concern to the Assistant Coroner. In her opinion, there is a risk of future deaths occurring unless action is taken.

The matters of concern identified by the Assistant Coroner for both Derbyshire County Council ("the Council") and Derbyshire Healthcare NHS Foundation Trust (DCHFT) to address can be summarised as follows:

- Lack of understanding amongst professionals regarding roles and responsibilities
- Failures within the discharge process
- Misunderstanding regarding the responsibility of the "Recovery Team"

The Council and DCHFT have carefully considered the contents of the Regulation 28 report together with the evidence heard at the inquest and reviewed the matters referred to with senior managers within DCHFT. Whilst the Council and the DCHFT are keen to address the areas of concern identified by the Assistant Coroner, it is of the opinion that some knowledge of the historical context of the service is useful in terms of identifying corrective actions.

Background – Mental Health Service Provision in Derbyshire

The service has undergone extensive development since 2013. Historically, adult health and social care mental health services were organised and managed as an almost fully integrated programme in Derbyshire. Social workers employed by the Council were based in the same buildings as the nurses and health care professionals employed by the Trust. Over time this resulted in the social workers taking on responsibility for monitoring mental health, medication regimes and medical care planning.

The national policy focus on the personalisation of adult social care services had the effect of returning the integrated organisation and management of mental health services to two separate organisations that had the capacity to collaborate and co-work cases. This meant that social workers could return to focusing on social care needs and the mental health professionals could more directly focus upon specific mental health interventions.

This organisational adjustment started in 2011 and involved a great deal of upheaval. It was a difficult time for the personnel involved and it is acknowledged by the Council that there was, for a time, some uncertainty about the division of roles and responsibilities.

Senior management at the Council and DCHFT addressed this by reviewing expectations and planning for the future. However, it is often the case that it can take some time to embed new organisational arrangements, and policies and procedures into practice, especially after an extensive alteration to the service.

A team of managers from both the Council and DCHFT negotiated the new roles for each element of the service. Attached herewith is a copy of a document titled "Referrals from Derbyshire Healthcare NHS Foundation Trust to Derbyshire County Council (Appendix 1). This document sets out in section 1 the agreed division of responsibilities where the case is social care led.

In January 2012, the overall caseload dealt with by the Mental Health Service (both health and social care) was divided by service user primary needs. Those who were deemed to have primary social care needs were allocated a social worker as their lead professional. Those with primary mental health needs were allocated a healthcare lead professional (referred to by healthcare as a Care Coordinator).

Miss Henry was deemed to have a greater need for social care support at the time and that is why MN, employed by the Council as a social worker and Approved Mental Health Professional was allocated as her lead professional. [redacted] continued in the role of Miss Henry's Consultant Psychiatrist to monitor her mental health with annual Care Programme Approach ("CPA") reviews and amend her medication as required.

Taking into account this historical context and following discussions with the Trust, the Council's proposed actions for addressing the 3 areas of concern identified by the Assistant Coroner are set out below:

MATTER OF CONCERN 1 – ROLES AND RESPONSIBILITIES

The evidence presented to the Assistant Coroner indicated the following areas of concern:

- The Community Mental Health Team, including the Psychiatrist, did not understand the roles and responsibilities (including the correct procedure) undertaken by the Council's "Recovery Team".
- There was lack of clarity as to whether the social worker was following the Care Programme Approach or Self Directed Support ("SDS") framework.
- There may be an ambiguity as to who acts as "Care Co-ordinator."

In order to address these concerns the Council and DCHFT intend to review:-

ACTIONS

1. The case of Miss Henry demonstrated that there was a misunderstanding amongst professions as to roles and responsibilities of mental health services workers. The Council and DCHFT intend to review this matter at the forthcoming "Service Manager Interface Meeting" to be held on 27 March 2015. This is a joint meeting between the Council and DCHFT. The clarification of respective roles and responsibilities of mental health and social care workers will be the focus of these discussions.

2. Preliminary discussions have already taken place between Health and Social Care senior managers about the interface between CPA and SDS. Both organisations are clear that the two policies are intended to be complementary. It is acknowledged there may be cases where the individual is subject to CPA but where a social worker is the lead practitioner. The Council is clear that in following SDS, this will also fulfil the requirements of CPA. A plan involving senior managers from both organisations has been agreed to update the DCHFT Care Programme Approach Policy to provide clearer updated guidance upon this issue.
3. Within the Council it has been acknowledged that there needs to be a sound understanding of what our services do and how they do work together to support those people in need of skilled care and support. The Council therefore plans to place a feature about the Fieldwork (Mental Health) (formerly known as the "Recovery Team") in the next Practice Bulletin which we shall distribute to all teams including the Children and Younger Adults Department and the Trust. This will also serve to publicise the rebranding of the team described below. This information will also be shared with DCHFT colleagues.
4. The Council has also established that there is still some work to be done in terms of education for health and social care workers on the expectations of each service pathway. The outcomes of the Service Manager Interface Meeting described above will be cascaded down to staff via line management supervision.

MATTER OF CONCERN 2 – DISCHARGE PROCESS

The evidence presented to the Assistant Coroner indicated the following areas of concern:

- Discharge letter to the GP did not identify risk relapse triggers
- This could impact on the potential for reassessment in the case of a subsequent deterioration in mental health

In order to address these concerns, the Council has put in place the following actions:

ACTIONS COUNCIL

1. The Council is clear that the discharge arrangements set out in its Self-Directed Support ("SDS") policy must be properly applied in every case. This is the policy relevant to social workers, NOT the Care Programme Approach ("CPA") although they are intended to be complementary. Adherence to this policy ensures that following the decision to discharge someone from social care support they are properly informed as to the reasons for this decision and any alternative sources of support.
2. The Council is satisfied that since Miss Henry's death, the SDS framework has been further embedded into social work practice and all discharges are more structured and robust.
3. The service user will have a review to discuss whether they feel that they continue to require support. If they are discharged, they receive a

written discharge plan explaining that they have been discharged from the service. The letter also contains the contact numbers for those agencies continuing to provide care and also information on what to do if they feel that they require support in the future. This letter is shared with all of the agencies involved so that there is a clear and agreed plan of discharge. A copy is also sent to the GP. Enquiries are made of the service users as to what plans they have in place to manage to crisis. This will be included in the discharge plan.

4. The Council has initiated a review of how Adult Care Mental Health workers manage risk within the service. A "Task and Finish Group" was set up in January 2015 to ensure social workers work consistently and robustly in managing risk to include compliance with SDS procedures, including where a person is discharged. This Group will also work collaboratively with the Trust and other Health colleagues where appropriate. In addition, the Council intends to email all relevant fieldwork staff with a reminder of the SDS processes, particularly the arrangements to be followed on discharge.

5. The Council is satisfied that, if applied correctly, the existing policy would ensure that upon discharge a letter would be written to the client's GP setting out the reasons for the discharge decision and would identify any risk triggers and indicators to ensure that there would be a re-assessment and possible reinstatement of support if there are signs of a deterioration in mental health.

6. To ensure there is consistency across all cases, an audit will be undertaken in respect of a sample of recently closed cases to confirm adherence to the SDS discharge procedure. This will better inform Adult Care senior management as to whether further staff training is required.

ACTIONS DCHFT

7. A staff briefing has been circulated raising awareness relating to this issue across DCHFT.

8. A plan has been agreed to update the Care Programme Approach Policy and Discharge, Transfers/Transition Policy to provide clearer updated guidance upon discharge planning particularly in relation to communications with GPs.

9. The issue will be raised at the Trust Medical Advisory Committee to raise awareness with all DCHFT psychiatrists.

10. A benchmarking audit and follow up audit of discharge letters is to be conducted by [redacted]

11. On completion of the audit, a review of the discharge letter format available within the PARIS system will take place and it will be amended accordingly. New templates will be configured which will alert GPs to information they should enter onto the 'special patient notes' facility.

MATTER OF CONCERN 3 – USE OF TERM "RECOVERY TEAM"

The evidence presented to the Assistant Coroner indicated the following area of concern:

- 2 services using the term "recovery team", namely the Council and the Trust's Community Mental Health Team (often referred to as the "CMHT") could lead to confusion amongst both professionals and service users.

In order to address this concern the Council intends to do the following:

ACTIONS

1. The Council accepts that 2 teams from different agencies being called the same name could lead to confusion. The Council therefore intends to "rebrand" its recovery team as "Fieldwork (Mental Health)". This reflects the description given to the other, generic social care teams which are known as Fieldwork teams.
2. This renaming of the team will be launched by the Council at the next scheduled Social Care Forum on 24 March 2015. It will be put on the next Practice Bulletin which will be distributed to all Adult Care and Children and Younger Adults staff within the Council as well as health colleagues. It will also be put before the forthcoming Health and Social Care Interface meeting on 27 March 2015.

ACTIONS DCHFT

1. DCHFT is currently undergoing a transformation and is in the process of developing Neighborhood community provision. It is likely that within this process the term Recovery Team will no longer be used. New terminology will be in place by November 2015 and DCHFT will be mindful of the need for clarity between organisations.

The Council and DCHFT recognise the issues that were raised during the Inquest and your subsequent Regulation 28 notice and we hope this response and subsequent work we have jointly planned will satisfy you that we have taken these issues seriously and will do our utmost to further develop and strengthen our policies and procedures for the future.

Yours sincerely

[redacted]

Acting Strategic Director
Adult Care

[redacted]

Steve Trenchard
Chief Executive Officer