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1 December 2017

Mr Tony Williams
Senior Coroner
Old Municipal Buildings
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Dear Mr Williams

Concluded Inquest in to the Death of Sofia Legg, Regulation 28 Report

Thank you for your letter dated 6 October 2017. We were very saddened to hear about the death of Sofia and the distress of her family. Within your Regulation 28 report, you have noted five areas of concern. We have responded to each area below:

1 Access to CAMHS. Sofia was rejected for referral in April 2015. Might a lower threshold and earlier proactive interventionist policy have been of positive benefits to Sofia?

1.1 In line with NHS England requirements the NHS Somerset Clinical Commissioning Group (CCG) commissions CAMHS in Somerset for children and young people with severe and/or persistent mental health disorders. Within the available funding (as is the case nationally) it would not be possible at the present time to lower the CAMHS threshold. Since the original referral for Sofia in April 2015, there has been a significant change regarding CAMHS provision and referral process. As was noted at the Inquest, there is now a single point of access (SPA) for CAMHS, outlining improved access for young people, families and health professionals with clear oversight and governance arrangements mandated. For referrals which do not reach the access threshold, the SPA service now aims to signpost to other services which can be accessed to provide appropriate and timely support, rather than the previous simple 'no' that referrers, patients and family previously received. This is an area of developing practice for the SPA team as we work towards greater integration between tiers of mental health service provision and health and care services more generally.

1.2 There is also a need to consider the provision of Tier 2 services. In recognition of this, as part of our Somerset Local Transformation Plan funding for Children and Young People's Mental Health and Emotional Wellbeing monies have been invested in the commissioning online counselling via Kooth (https://kooth.com/). In addition, the CCG has recently made a successful bid for national funding to

support new counselling provision in Cheddar provided by the voluntary sector. This service is in process of being established.

1.3 Somerset CCG and NHS England Specialised Commissioning are jointly funding a CAMHS Enhanced Outreach Service which is now fully operational to support young people and families in similar situations. This service is available 7 days a week from 8.00am to 8.00pm and is a Multi-disciplinary Team, which includes a Psychiatrist.

1.4 We recognises the importance of supporting children and young people at all tiers and to that end we are in the process of reviewing our current commissioning arrangements which includes, enhancing our joint commissioning with Somerset County Council Children and Family Services and Public Health. We would expect the outcome of this to lead to further improvements for our Somerset children and young people.

2 Availability of CBT. Sofia was placed on a 6 month waiting list for CBT. This delay appears considerable.

2.1 It is highly regrettable that there was a considerable delay in the availability of CBT for Sofia. During October 2016, Somerset CCG invested additional funding in order to improve access to CBT. The CCG has now changed the way it monitors the CAMHS contract, data is received for new 8 week referral to assessment and 18 week assessment to treatment standards which clearly show us if the Provider has children and young people waiting longer than 18 weeks for therapy. This enhanced surveillance will address a previous concern about the visibility of waits, for example, where Care Co-ordinators were 'holding' cases in lieu of evidence - based therapy. There are also standards now in place to monitor referral to assessment time for urgent and emergency referrals.

3 Sofia's care co-ordinator at CAMHS did not obtain the urgent input of a psychiatrist in accordance with NICE guidance.

3.1 The Care Co-ordinator identified the need of and sought the opinion and support of a Psychiatrist, however, there was no-one immediately available. Regrettably, the on-call Psychiatrist was not contacted to offer advice for Sofia. Support was sought from a Line Manager and the crisis plan was developed as an interim measure pending a psychiatric appointment.

3.2 Since the implementation of the Single Point of Access Programme (SPA), practitioners have open access to the Multi-disciplinary Team (including a Psychiatrist). The enhanced Outreach Team (out of hours CAMHS Team) is also now established and working 8.00am- 8.00pm Monday to Sunday and will take urgent referrals and offer intensive home support as needed. Additionally, the process around availability of the on-call psychiatrist has been strengthened by ensuring the rota is distributed electronically to the whole service.

4 The recollections of Sofia's Care Co-ordinator and Sofia's mother as to the meeting of the 19 September were at odds with each other. Sofia's Care C-ordinator recollected in her evidence telling Sofia's mother that Sofia was not to be left alone. Sofia's mother deemed the impression from Sofia's Care Co-ordinator's evidence was of Sofia being an extremely vulnerable and dangerous position but this was not reflected in Sofia's care plan which made no mention of her not being left alone and it was not reflected in the Care Co-

ordinator's actions in not urgently contacting Sofia's school, where she would be during the following days to a psychiatrist. Her care plan appears to be the critical written record of the outcomes of this meeting as it was not of sufficient detail to safeguard Sofia.

4.1 Following receipt of your report the CCG has discussed the apparent dissonance between Sofia's care plan and the accounts of both Sofia's mother and the Care Co-ordinator with the Somerset Partnership NHS Foundation Trust's Head of Governance. It has been agreed that the Trust will undertake further lines of enquiry (within the investigation conducted by the Trust under the National NHS Serious Incident Framework, and overseen by Somerset CCG), to establish if the content and robustness of the care plan were adequately addressed within the investigation and subsequent action plan.

5 Language used in the SIRI Report was felt to be inappropriate. The SIRI Report effectively said if the care plan had been followed the outcome might have been different and that no change in clinical practice would have resulted in any different outcome. I do not believe either of these statements was true.

5.1 We understand from our discussions with the Somerset Partnership NHS Foundation Trust in our oversight of the investigation and action plan they have reflected and are making changes:

- to the manner in which they shared the findings of their investigation with Sofia's mother, as part of their strategy for involving families, and
- the need to ensure there is a clear understanding between professionals and families when formulating safety plans

The issue of sharing documented 'safety plans' with patients' and their families, where this is identified as something beyond sharing the agreed care plan with the patient, is an issue which the CCG is currently working with the Trust to ensure this becomes part of routine practice for people with identified immediate risks.

As a CCG we are committed to ensuring that the services we commission for children and young people's mental health are both responsive and of high quality and we are grateful to you for raising your concerns with us.

I hope that our response has fully addressed the concerns that you have raised, if not please do not hesitate to contact me.

Yours sincerely

Nick Robinson

Copy:

[redacted], Deputy Chief Officer and Director of Commissioning and Governance
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