Pennine Care NHS
NHS Foundation Trust

Corporate Governance
Trust Headquarters
225 Old Street
Ashton-Under-Lyne
Lancashire
OL6 7SR

20th September 2018

PRIVATE & CONFIDENTIAL
Russell Caller
HM Assistant Coroner
Inner West London
Westminster Coroner's Court
65 Horseferry Road
London
SW1P 2ED

Our Ref:KB/ELD
Department: Trust Headquarters

Dear Mr Caller,

Re: Regulation 28 Report – Paul Robert Allan (Deceased)

Thank you for your Regulation 28 report dated the 25th July 2018, and for bringing to my attention the concerns you had after hearing all the evidence. Your concerns relevant to Pennine Care have been reviewed, and the Trust's response is outlined below.

Concern 1:

The Rochdale Community Mental Health Team discharged Paul Robert Allan from their care instead of transferring him to the Community Mental Health Team in Stoke where Paul Robert Allen was moving to.

Response:

The Trust takes very seriously its duties around discharging clients from services in line with Trust approved policies and national guidance. Paul Robert Allen was under The Care Programme Approach (CPA) framework at the time of discharge. The CPA framework was introduced in 1990 as the approach for the care of people with mental health needs in England. Under the CPA policy section 7.11.2 states "All health and social care organisations have the duty to collaborate to ensure proper co-ordinated care is delivered to people with mental health needs. Each district Local Authority Social Services Department and Health Trust will jointly operate a Care Programme Approach (CPA) Policy. Whilst the detail of local CPA policies may differ the core principles will be the same. A key objective of the CPA is to ensure individuals most in need of care do not slip through the net of service provision."

As a Trust we will circulate a reminder to all staff regarding the policy to include how to access the policy and its use in practice. It is a duty of all responsible clinicians and registered practitioners to take accountability for clinical decision making adhering to nation and local policy and guidance. The Trust have also ensured that CPA is included on clinical audit programme 2018/19

Concern 2:

The Rochdale Community Mental Health Team failed to consult or work with the Drug and Alcohol advisory services in relation to Paul Robert Allen as it is required to do so.

Response:

The Trust has recognised the gap in services for dual diagnoses clients and the difficulties experienced in Rochdale as a result of the commissioning arrangements around Drug and Alcohol services being delivered by third sector organisations. As such the Trust has recently been successful in their application for Greater Manchester funding from the transformation fund, to develop new posts to bridge this gap. The new posts will develop and establish pathways between Mental Health and Drug and alcohol services and work with the most complex clients and develop effective working practices. Further development meetings with the operational manager of the drug and alcohol services and Rochdale mental health services are supporting and enhancing this model.

Our Rochdale services also form part of the Greater Manchester Strategic Transformation Partnership (groups of NHS and Local Authorities – STP) who will be accessing improvement work in relation to suicide prevention across the Greater Manchester area. Previous National Confidential Inquiry into Suicides and Homicides work has shown that the implementation of their recommendations was associated with reduced suicide rates in mental health trusts. The NCISH '10 ways to improve safety' (below, and linked) summarises recommendations from 20 years of research that could make a difference to suicide rates in our STP. Identifying which of the '10 ways' could be improved in your STP is the first step to an evidence-based quality improvement plan. The NCISH team would expect to see some of these recommendations incorporated into a locally co-produced suicide prevention driver diagram as part of the QI plan. The QI plans should focus on the main priority areas of (1) mental health services, (2) self-harm services, (3) suicide prevention in men.

At a visit to our STP, the project team will provide bespoke data for our STP and Pennine Care NHS trust, benchmarked against national data. The team will discuss any concerns specific to our local area, and help us to incorporate these into our QI plans. Services for dual diagnosis is an identified area by the NCISH and project team that can reduce deaths by suicide.

Pennine Care NHS is a signatory to the Greater Manchester Strategic suicide prevention strategy and will be working collaboratively and closely with partner agencies to bring the NCISH recommendations to practice.

I hope this response assures you that the Trust takes seriously any concerns that you raised.

Yours sincerely,

Claire Molloy

Claire Molloy
Chief Executive