



Devon & Cornwall Police



Cornwall Partnership
NHS Foundation Trust



Kernow
Clinical Commissioning Group

Your ref. [REDACTED]

Mr A Cox
Senior Coroner
Cornwall Coroners' Service
The New Lodge
Newquay Road
Penmount
Truro
TR4 9AA

17th February 2021

BY EMAIL ONLY TO:
[REDACTED]

Dear Mr Cox

INQUEST INTO THE DEATH OF DARRELL FRANCIS SHARPLES: REPORT UNDER REGULATION 28 OF THE CORONERS (INVESTIGATIONS) REGULATIONS 2013

We are writing in relation to the above inquest, and in the particular the above-mentioned report of 28 October 2020 ("the Regulation 28 report") that we have received from yourself.

Considering the nature of the issues that you have raised within the Regulation 28 report, and giving particular recognition to the fact that your concerns are in part related to the sharing of information, it has been decided between us that a joint response to the report would be appropriate.

In the first instance, we want to take this opportunity to express our collective condolences to the family and friends of Darrell, and to anyone else who may be affected by his loss.

Secondly, we thank you for forwarding us a copy of the Regulation 28 report that was made following the inquest into Darrell's death. We always welcome opportunities to consider whether there is potential for our organisations to improve the service that they provide to the public.

Thirdly, we are grateful for the additional time that you have allowed outside of the statutory time period for our response.

We have now had the opportunity to consider the issues that you have raised within the Regulation 28 report. Please therefore treat this correspondence as our formal response to the same.

The majority of this response will serve as an overview of the various developments that have taken place between and on behalf of the organisations that we represent since the inquest.

Since the conclusion of the inquest, Cornwall Partnership NHS Foundation Trust has recruited former Police Superintendent [REDACTED] as Mental Health Liaison Officer to provide advice, guidance and direction to mental health and community staff, police officers and police staff on best practice in providing a service to persons suffering with a mental health disorder in a criminal justice setting; in order to meet their individual needs in line with Cornwall Partnership NHS Foundation Trust policies and up to date legislation. The Mental Health Liaison Officer provides a single point of contact for the police as mental health advisor / specialist trainer and promotes understanding and good practice relating to mental health within criminal justice and in addition will help implement and embed the Criminal Justice Liaison Service within Devon and Cornwall Police. This is a newly-created role which in itself represents a significant step forward in terms of creating potential for meaningful collaboration on the issues of concern that you have raised.

In addition, in January 2021 representatives from NHS Kernow, Cornwall Partnership NHS Foundation Trust and Devon and Cornwall Police met to discuss information sharing arrangements and to learn from the case. Representatives included Detective Superintendent [REDACTED], Head of the Public Protection Unit, and Superintendent [REDACTED], Head of Criminal Justice, from Devon and Cornwall Police; [REDACTED], Deputy Director of Primary Care and [REDACTED], Deputy Director of Quality from NHS Kernow and [REDACTED], Mental Health Liaison Officer from Cornwall Partnership NHS Foundation Trust. The learning identified at the inquest was considered and discussed with a focus around information sharing. The following actions were agreed and are now in the process of being implemented:

1. A review in relation to how police access medical information out of hours regarding persons in custody at risk. This review is currently underway. Dr [REDACTED], Consultant Clinical Psychologist, outlined in his evidence at the inquest that Cornwall Partnership NHS Foundation Trust has introduced a 24/7 mental health telephone support line for anyone worried about their own or someone else's mental health. A project is underway to develop this further to provide a professionals helpline, which will support information sharing and increase professional access to mental health services, which we hope will be implemented in April 2021. Once implemented, this will provide another option for people working in police custody to seek guidance in relation to mental health services that are available.
2. Inspector [REDACTED], Force Mental Health Lead for Devon and Cornwall Police, and [REDACTED], Mental Health Liaison Officer, will now be able to discuss and

consider solutions regarding information sharing between the police and mental health services.

3. A meeting was arranged between Devon and Cornwall Police and NHS Kernow to discuss the process for adult GP referrals from the police Central Safeguarding Team ("CST") and closing the feedback loop with consideration for education of all GP's including working with GP lead for suicide prevention and dissemination via other forums.

Of particular note is that the meeting referenced in the latter point above has now taken place.

At this meeting it was discussed and agreed that the sending of all ViSTs to GPs would overwhelm GPs, and create the risk of the higher risk referrals being overlooked as a result of the volume. We recognised that more work could be done in the CST to improve organisational recognition of risk over time; in particular, where risk in relation to a particular individual is escalating. This work has been progressing since 2020 and in November 2020, Detective Inspector ("DI") [REDACTED] from the CST launched a trigger process to identify escalating risk in adults (including following the submission of a certain number of ViSTs). Part of this process is to include a more focused letter to GPs to advise them of and alert them to the potential escalating risk. The CST already shares information from ViSTs with GPs via GP letters. The trigger process is specifically for escalating risk where for example there have been a number of ViSTs or where the CST has already written to a GP regarding ViSTs.

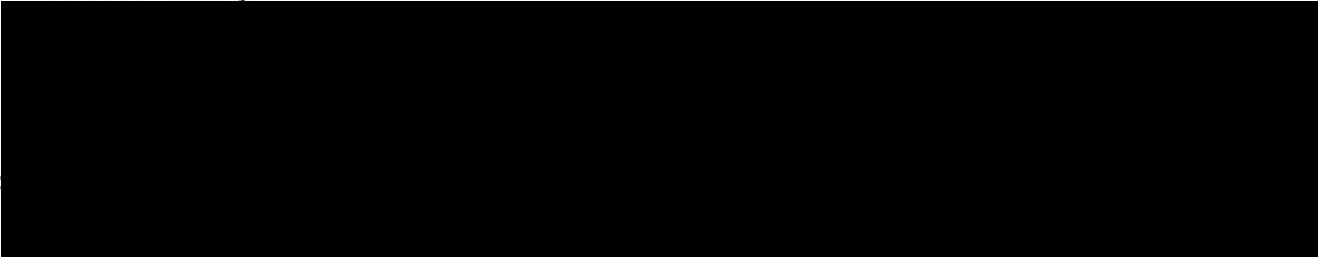
A draft letter has been prepared and will now be subject to a process of consultation led by [REDACTED] including local GPs. DI [REDACTED] is also to produce guidance notes to accompany the letter, in addition to drafting an article for publication in the GP Bulletin to increase awareness. The GP Bulletin will also be shared with safeguarding leads within GP practices. The learning points will be further raised at the Safeguarding Adult conference.

In short, DI [REDACTED] and [REDACTED] will ensure that the GP letter process, which follows the CST trigger process, is improved by increasing awareness of the reasons that the letters are sent, what good practice should be, and what the expectations are for GPs.

In summary, while further work in relation to these matters is still to be progressed, we would like to emphasise that the work undertaken to date represents significant progress in the various parties collaborating in response to your concerns. Accordingly, we hope that this demonstrates that we have taken your concerns seriously.

We are again grateful for you bringing these issues to our attention, particularly as it has provided us with an opportunity to reflect on and identify opportunities for our organisations to further enhance the service that we provide to the public.

Yours sincerely



**Assistant Chief Constable
Devon & Cornwall Police**

**Joint Interim Medical Director
CPFT**

**Deputy Director of
Primary Care
KCCG**