

Corporate Directors Office
County Hall
Bythesea Road
Trowbridge
Wiltshire
BA14 8BS

Mr Ian Singleton
Assistant Coroner for Wiltshire & Swindon
Wiltshire & Swindon Coroner's Office
26 Endless Street
Salisbury
Wiltshire SP1 1DP

Your ref:
Our ref: MR/kw

11 August 2015



Dear Mr Singleton

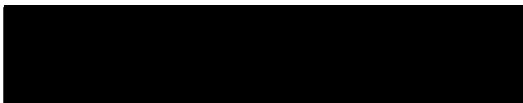
With reference to the enclosed Regulation 28 Report, please find enclosed our response.

Please do not hesitate to contact me, if I can be of further assistance.

Yours sincerely

Maggie Rae

Maggie Rae MScPh DipEd FRSPH FFPH
Corporate Director



REGULATION 28 REPORT TO PREVENT FUTURE DEATHS

This response from Maggie Rae, Corporate Director, Wiltshire Council, on behalf of the Approved Mental Health Professional/Social Work Service is being sent to:

Ian Singleton, Assistant Coroner for Wiltshire and Swindon, Wiltshire and Swindon Coroner's Office, 26 Endless Street, Salisbury, Wiltshire, SP1 1DP.

Regarding Elizabeth Godwin, aged 48.

To address concerns about the following matters:

- a) As to the way in which information is gathered from the family and others involved where there is a need for an individual to have a mental health assessment**
- b) As to how the urgency of carrying out that assessment is assessed, recorded and monitored**
- c) As to how that information is shared with other agencies involved in the care of that patient,**
- d) As to who has responsibility for the care of that patient including the carrying out of the mental health assessment and any treatment arising from it.**
- e) As to how a transfer of that care between the agencies is communicated and acknowledged so that there is a clear audit trail**

I would ask you to review the policies and procedures that you have in place to deal with the referral to another agency of a patient who appears to be suffering from mental health issues having regard to the above concerns. Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.

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- a) As to the way in which information is gathered from the family and others involved where there is a need for an individual to have a mental health assessment.**

The requests/referrals on 20th and 21st January 2013 to the Approved Mental Health Professional (AMHP) service were for a Mental Health Act Assessment to be undertaken under the Mental Health Act 1983 (amended in 2007).

The AMHP has a legal obligation under the Code of Practice 2015 (Mental Health Act) to consult widely with the service user/patient; their family and specifically the Nearest Relative (Husband); others who might be involved –on this occasion a close personal friend; other professionals which would include the GP, staff within secondary mental health services

(Avon and Wiltshire Mental Health Partnership NHS Trust, namely AWP) and any other person who might hold relevant information or have had recent contact.

This information can be gathered by telephone, in person or by accessing electronic patient information. In January 2013 the AMHPs were based with health staff at Red Gables Community Mental Health Team (CMHT) and accessing and recording on the AWP patient information system RiO. Information from the out of hours AMHP service (Emergency Duty Service, Wiltshire Council) was communicated by fax.

Systems have been reviewed and there is a clear policy on how information is recorded. All information is now stored on the council's customer information system, CareFirst, which can be accessed 24 hours a day. If the AMHP undertakes a Mental Health Act assessment a copy of that report is sent to AWP to be uploaded on RiO and is also sent to the GP.

After discussion with the GP on 21st January 2013 the decision was made not to undertake a Mental Health Act assessment and this was clearly recorded on RiO as was the management plan, namely, that the GP would review his patient again on 25th January 2015. Following this review on the 25th January the GP made a referral to the primary care liaison service (AWP) at Green Lane Hospital for an urgent and full mental health assessment. Unfortunately AWP initially thought that the AMHP had been allocated to the case when in fact she had only dealt with the request for the Mental Health Act Assessment and not for the ongoing care.

The guidance for AMHP's in terms of information gathering is very clear and no action is proposed in this area. However, in terms of communication with other organisations, actions to be taken are covered in d) and e).

b) As to how the urgency of carrying out that assessment is assessed, recorded and monitored.

The urgency of carrying out an assessment is determined by how unwell the person is and how high the risk is perceived to be by all those consulted. A Mental Health Act assessment would be the last resort and less restrictive alternatives should always be considered first, such as treatment in the community or informal admission.

AWP are most likely to be the first point of contact for the mental health assessment particularly if the request is made by the GP. AWP would then refer to Wiltshire Council and the AMHP Service if there was a need to consider a Mental Health Act Assessment. A request may be made to the AMHP service first which was the case on Sunday 20th January 2013 when a Mental Health Act Assessment was requested with a view to compulsory admission to hospital.

The request for the assessment is recorded on CareFirst (Wiltshire Council's customer data base). If the Mental Health Act Assessment needs to be handed over between day time and out of hours there is a clear procedure for hand over between the social work teams on CareFirst. Progress is closely monitored by the AMHP on duty until the decision is made either to undertake the Mental Health Act Assessment or an alternative management plan is put into place (informal admission without the use of the Act or support in the community).

There needs to be very good communication between the AMHP service, AWP, the GP and the family about who should be doing what. The role of the AMHP is quite clear. Once a request for a Mental Health Act Assessment has been made their role is to co-ordinate the assessment, by finding the Doctors, the hospital bed and the transport and consulting with the Nearest Relative/family.

If the service user is detained the necessary papers are handed to the ward and the AMHP report completed and uploaded on RiO. A copy is also sent to the GP. The outcome of the assessment is also shared with the Nearest Relative. If the decision is made not to undertake the Mental Health Act assessment this also needs to be communicated to the referrer, the family and AWP.

It is not unusual for Mental Health Act Assessments to be stepped down to mental health assessments at the end of a weekend when there are more services available or if the immediate crisis has passed.

An action from this section would be a clear message to health and social care that the responsibility for the service user is shared until the mental health crisis is over. A protocol has been written to this effect and needs to be rolled out across the health and social care teams. (Multi-agency protocol for working together when Mental Health Assessments are requested, including situations where resources are unavailable). This is a standing agenda item for the monthly meeting between mental health managers in Wiltshire Council and AWP managers and for them to cascade to teams. This policy also takes into account other problems such as the unavailability of doctors and beds and emphasises the joint responsibility of health and social care to manage the situation until the necessary resources have been identified.

c) As to how information is shared with other agencies involved in the care of that patient.

There is a need to continue to share information confidentially and appropriately.

Each organisation is aware of the other's structures and how staff can be contacted and how to make a referral during the day and out of hours. There is an agreement in place that allows both organisations to access information held by the other.

There have been regular monthly meetings between the 2 organisations to look at the interface between the two services (health and social care), and systems to improve communication, enhance patient care and facilitate good access to the most appropriate services.

d) As to who has responsibility for the care of that patient including the carrying out of the mental health assessment and any treatment arising from it.

The majority of referrals into specialist mental health services are from GP's and are likely to be referred into AWP for an initial assessment and recommendations about treatment options or signposting to other services. However if there were a rapid deterioration in their mental health which required urgent intervention and use of the Mental Health Act the referral from the GP, from families, or other agencies managing the emergency could be made either directly to the AMHP service or via AWP.

The AMHP would have the defined role of co-ordinating the Mental Health Act assessment (in conjunction with AWP in terms of the bed and doctors) but would then hand back the care to AWP if admitted. A social worker may have a future role in their discharge from hospital.

If a less restrictive alternative to detention under the Act (into hospital) was considered, such as a temporary residential/nursing home placement or other funded support in order to keep the person safe then the AMHP/social worker would remain involved. Other care in the community would be co-ordinated by the Care Co-ordinator within AWP.

An action from this should be further discussion between the two organisations (WC and AWP) – there is an established forum to do this on the third Friday in the month - about the distinction between mental health assessments and Mental Health Act assessments and where the responsibility sits at different stages throughout the assessment process. More urgent situations should be dealt with by telephone contact between the 2 organisations.

e) As to how a transfer of that care between agencies is communicated and acknowledged so that there is a clear audit trail.

Any assessment under the Mental Health Act which results in detention under the Act and admission to hospital clearly defines the transfer of care from GP and community services to the in-patient unit (AWP). The AMHP report written following the assessment and admission and the receipt of the section papers are also evidence of that transfer. The AMHP reports are uploaded onto both RiO (AWP) and CareFirst (Wiltshire Council) and also sent to the GP.

Any other transfer of care should be documented in the same way as a clear statement of who is doing what - across the different teams in Wiltshire Council and AWP and across daytime hours and out of hours – which has been agreed by both organisations and needs to be clearly communicated to the families and the GP and anyone else who needs to be informed. This should be clearly recorded on the health data base RiO and the social care system CareFirst and via any other correspondence that is required.

Should further clarification be required please do not hesitate to contact again.

10th August 2015.