



Department
of Health

From Jackie Doyle-Price MP
Parliamentary Under Secretary of State for Care and Mental Health

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Ms Louise Slater
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10 JAN 2018

Dear Ms Slater,

Thank you for your Report dated 9 November to the Secretary of State for Health about the death of Miss Daisy French. I am responding as Minister with responsibility for mental health and I apologise for the slight delay in doing so.

I was very saddened to read of the distressing circumstances surrounding Daisy's death. Please pass my condolences to her family and loved ones. I appreciate this must be a very difficult time for them.

Your Report raises a number of concerns around transitioning from children's and young people's to adult mental health services, and I would like to take this opportunity to explain the national position.

Firstly, we are clear that providers of health and social care services should always work together and plan with the person whenever a transfer of care is taking place. The principles for a good transition are covered in guideline 43: *Transition from children's to adults' services for young people using health or social care services*, published by the National Institute for Health and Clinical Excellence (NICE) in February 2016 (www.nice.org.uk/guidance/ng43).

Decisions about local health services are made at a local level and different areas of the country have adopted a range of strategies in order to ensure the right relationships and processes are in place to support effective transition locally.

In order to embed proper transition planning processes across the country, NHS England introduced a national financial incentive in 2017/18 to improve young

people's experience of transition out of children's and young people's mental health services, under the Commissioning for Quality and Innovation (CQUIN) scheme (www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/). It applies to all young people transitioning through mental health services on the basis of their age and it requires both the 'sending' and the 'receiving' providers to work together with the young person to plan for the transition and set up personal goals. The CQUIN is rewarded partly on the basis of two surveys of young people, so that their feedback on experiences is central to the process. The CQUIN runs from 2017-19, after which it will be reviewed.

In addition, NHS England has produced resources to support improved commissioning of specialist children's and young people's mental health services¹. This includes a model specification on *Transition from Child and Adolescent Mental Health Services*², and a sample *Discharge and Transfer of Care Protocol*³.

Also relevant here is the *Transforming Children and Young People's Mental Health Provision: a Green Paper*, published in December 2017 by the Department of Health and the Department for Education, which builds on our commitments through Future in Mind. We are currently consulting on a range of measures to transform children's and young people's mental health services, which includes issues such as improving transition for young people who require ongoing mental health support into adulthood.

We will consider the concerns you have raised as part of this consultation. However, you can respond separately to the consultation before 2 March 2018 at www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper.

With regard to communication and information sharing between children's and young people's and adult mental health services, the *Health and Social Care (Safety and Quality) Act 2015*⁴ introduced a legal duty requiring health and adult social care bodies to share information where this will facilitate care for an individual.

Local commissioners and providers are responsible for ensuring processes and systems support the appropriate and timely sharing of information, communication and joint working to meet the needs of people who require support. This includes mental health services.

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/01/mod-camhs-tier-2-3-spec.pdf>

² <https://www.england.nhs.uk/wp-content/uploads/2015/01/mod-transt-camhs-spec.pdf>

³ <https://www.england.nhs.uk/wp-content/uploads/2015/01/mod-camhs-transt-prot.pdf>

⁴ Health and Social Care (Safety and Quality) Act 2015 (c. 28)



We recognise this is particularly important at points of transition and transfer of care between services and the incentives introduced by NHS England and resources available to services to facilitate transitions described above are designed to support this.

Turning to your comments with regard to out-of-hours services for 16 to 18 year olds, and crisis support, I can provide assurance that NHS England is prioritising improvements to children's and young people's crisis support. An additional £6.8million was made available to clinical commissioning groups (CCGs) in 2017 to support accelerated implementation of local children's and young people's crisis teams.

As set out in *Implementing the Five Year Forward View for Mental Health*⁵, NHS England, NICE and the National Collaborating Centre for Mental Health are developing a series of new mental health pathways to aid transformation. This includes pathways for urgent and emergency care (including children and young people) and for generic children's and young people's mental health, which are currently being considered for publication over the coming months.

There are a wide range of service models in existence to provide crisis services to children and young people. This may include services commissioned as 'adult services', which provide an urgent and emergency mental health response to young people aged between 16 and 18 years, while others provide 'all-ages' services. NICE guidelines promote specialised care for children and young people up until their 18th birthday. Whichever model is locally commissioned to provide this service, the expectation is that they are staffed by practitioners who are trained, competent and experienced in working with children and young people with mental health difficulties. Locally commissioned services should form part of an overall crisis pathway for children and young people that details 24-hour, seven-day provision.

Your Report states that Daisy was to be transferred from the CAMHS to the local EIT service, which is an adult psychiatric service. My officials have suggested that this refers to the Early Intervention in Psychosis (EIP) service. EIP services can start from age 14 and it is appropriate for young people to be referred to them.

⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

The Early Intervention in Psychosis Access and Waiting Time Standard, April 2016, was targeted at people aged between 14 and 65. It states that *Commissioners and providers should ensure that children and young people (aged under 18) also benefit fully from the standard and that there are robust local arrangements in place between children and young people's mental health services and EIP services so that specialist expertise in working with children and young people with psychosis is available.* I hope this clarification is helpful.

You ask whether it is appropriate for the NHS in Sheffield to review the systems and procedures in place for mental health services for 16 to 18 year olds. Where there are concerns about local health services, it is the responsibility of the local NHS organisations to review those concerns and take action as appropriate. We are clear that learning lessons where things have gone wrong is essential to ensuring the NHS provides safe, high quality care.

I am informed that the NHS in Sheffield has taken a number of measures to address the concerns raised. This includes training for staff on transitions; the opening of a Section 136 suite at Sheffield Children's Hospital; and the employment of a Mental Health Liaison Consultant to commence in January 2018. In addition, an information sharing agreement is to be drawn up between NHS organisations in Sheffield.

I am advised that the Sheffield Children's NHS Foundation Trust, the Sheffield Health and Social Care NHS Foundation Trust and the Sheffield Teaching Hospitals NHS Foundation Trust are working together to review the actions taken and will provide a response to you.

Finally, I am advised that Sheffield CCG is seeking full assurance of learning across the Sheffield health system and is undertaking a safeguarding lessons learned review to highlight any further risks in the system to be addressed. This is to be completed by April 2018. The CCG will also review the commissioning of these services to ensure they are safe and fit for purpose.

I hope this reply is helpful. Thank you for bringing the circumstances of Daisy's death to our attention.



JACKIE DOYLE-PRICE