

STRICTLY PRIVATE AND CONFIDENTIAL

**Mr Bridgman
HM Assistant Coroner
Coroner's Court
1 Mount Tabor Street
STOCKPORT
SK1 3AG**

**Chief Executive, Tameside MBC
and Accountable Officer, Tameside &
Glossop CCG**

Tameside One, Market Place, Ashton under
Lyne, OL6 6BH

Date

8 April 2019

Dear Mr Bridgman,

Re: Heather Louise CAREY - Regulation 28 - Prevention of Future Deaths

Further to your letter, dated 12 February 2019 and my acknowledgement, regarding the tragic death of Heather Louise Carey, please find our response outlined below.

Clearly the untimely death of any person is distressing for the family and any others affected by their death and loss, and all the more so if there is any belief that but for the actions of any organisation it could have been avoided.

I would like to record my sincere condolences to the Heather Louise Carey's family for their loss and I hope through this process they can obtain some closure.

The Inquest identified a number of issues which likely contributed to Ms Carey's decision to end her life. One of those issues related to the long wait following discharge before psychotherapy would begin.

At the time of Ms Carey's admission to TGH there was no psychotherapy available to her as an inpatient because there were insufficient funds available to provide the same. I understand you were informed that this issue was being addressed by further funding being made available.

At the time of Ms Carey's assessment on the 22 November 2018, staffing levels were reduced through illness and vacancy and only one psychotherapist was available. That was the reason given for the 24 week wait in excess of the target waiting list of 18 weeks, which you were advised, was the maximum waiting time for non-urgent consultant led treatment from the point of referral. However, Ms Carey was already in receipt of consultant led care and her need was assessed as urgent and therefore in your opinion such a comparator was inappropriate.

Accordingly, the concern you raise is that unless adequate and sufficient measures are taken to significantly reduce waiting times for acute mental ill health, comparable to physical life threatening illnesses, not simply a redistribution of existing resources, more patients with mental health issues will end their lives whilst on a waiting list for treatment.

Thank you for bringing this significant issue to my attention, I share your concerns.

The Responsible Senior Officer for this work is Jessica Williams, Interim Director of Commissioning.

I'm advised that the following action has been taken owing to concerns raised through this case and others, the CCG is taking forward a number of actions and in particular relating to the two concerns you raise

1) WAITING TIMES FOR SECONDARY CARE PSYCHOLOGICAL THERAPY

- a. **Psychological Therapies Review** - commenced in October 2018 this review focuses on access and quality of psychological therapy services for people with more complex needs including those under the care of the Community Mental Health Teams. The review identified that while NICE concordat therapy services are being provided waiting times for treatment are too long in some services.

The reviewing team are using this information alongside an exploration of alternative models of care to develop a new model of psychological therapy for people with complex mental health needs in Tameside and Glossop. This review will conclude by the 31 of July 2019.

- b. **Improving access to psychological therapy** – the Tameside and Glossop Strategic Commissioning Board has committed additional funding to increase access to psychological therapies. An additional £271,000 agreed in 2018/19 will be increased by an additional £673,000 per annum by 2021 to meet a range of pressures.
- c. **Improving monitoring** – the CCG is working with the Trust to develop a new Performance and Quality Outcome Framework for the 2019/20 Pennine Care contract. This will ensure that activity, waiting times and outcomes for every service are routinely reported and robustly monitored.
- d. **Current performance in Secondary Care Psychological Therapies** – the CCG is advised that due to actions taken internally the current waiting times for the service have improved, with a current waiting time for Cognitive Analytical Therapy of 13 weeks.
- e. **Support for people waiting for therapy** – we have asked the Secondary Care Psychological Therapy Service to ensure that that when people are advised about the waiting times that they are supported to work with their care coordinator for stabilisation, containment and pre therapy work in preparation for therapy to ensure that they do not suffer the distress and despair that Ms Carey's family state that Ms Carey experienced and evidenced by her tragic death.

2) NO PSYCHO-THERAPY AVAILABLE TO MS CAREY DURING HER INPATIENT ADMISSION

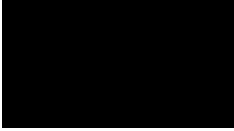
The CCG has invested £600,000 recurrently to improve staffing on the inpatient mental health wards at Tameside Hospital with a focus on improving safety, patient experience and outcomes. The Trust has invested this funding in improving the skill mix of the teams, including additional clinical psychology and occupational therapy, as well as nursing and admin. The CCG is formally monitoring the impact of this investment through regular Safer Staffing Reports presented to the Pennine Care Quality Group. Reports from staff on the Tameside wards and the latest CQC report indicate that this is having a positive impact.

We shall keep this issue under review as part of the quality monitoring reported to the Strategic Commissioning Board, whose meetings are held in public.

I hope this brings some reassurance that we are working to ensure another tragic loss of life doesn't occur in similar circumstances.

Please contact me if you require any further information or if I can assist further in any way.

Yours sincerely,



**Chief Executive, Tameside MBC
and Accountable Officer, Tameside & Glossop CCG**