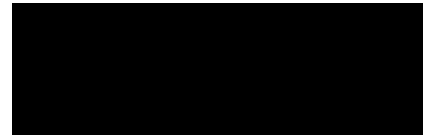


Greater Manchester Health and Social Care Partnership
4th Floor
3 Piccadilly Place
London Road
Manchester M1 3BN



Date: 8th April 2021

Ms A Mutch OBE
HM Senior Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

Dear Ms Mutch

**Re: Regulation 28 Report to Prevent Future Deaths – Carole Mitchell
25.11.2019**

Thank you for your Regulation 28 Report dated 11 February 2021 concerning the sad death of Carole Mitchell on 11 November 2019. Firstly, I would like to express my deep condolences to Carole Mitchell's family.

The inquest concluded that Carole's death was a result of 1a) Diliazem toxicity on background of hypertensive heart disease.

Following the inquest you raised concerns in your Regulation 28 Report to Greater Manchester Health and Social Care Partnership (GMHSCP) that there is a risk future deaths will occur unless action is taken.

This letter addresses the issues that fall within the remit of GMHSCP and how we can share the learning from this case.

The Greater Manchester mental health system is cognisant of the capacity issue across the different routes into accessing psychological therapy into Community Mental Health Teams (CMHTs). This is an issue that is prevalent across the country as fundamentally there are not sufficient levels of availability required in respect to assessments/appointments based on the exponential growth in demand we have seen year on year. For example, there are certain services that may have 350 service users/patients under it, but only one full time equivalent clinical psychologist providing the required psychology assessments and therapies. Due to this there is a

'stepped care' or 'capacity' model in order to effectively spread the limited resource available within the system.

To manage this inequity between capacity and demand, the Mental Health Trusts in GM employ the strategy of daily meetings of multidisciplinary teams to assess, prioritise and deploy the resource available based on the need of service users/patients.

There is both local and national (NHSE/I) acknowledgement that this is one of the most significant challenges we face in mental health. The NHS Long Term Plan has identified a number of strategies by which we both upskill the current workforce and increase the size of the workforce. In GM we are in the process of developing a bespoke workforce strategy/plan that will ensure we see a significant surge in new recruits into mental health services which we believe will pointedly reduce the current waiting time for services.

Prior to the Covid-19 pandemic, there had been a significant reduction (66% over a two-year period) in Out of Area Placements (OAP) for GM patients. However, over the last 12 months there has been a significant rise in OAP due to the significant spike in demand for services.

As a consequence, we have mobilised a number of initiatives to ensure that GM patients are, in the main, treated locally:

- Delayed Transfer of Care programme (DTC) – significant monies (£2.8m) has been recently invested with both NHS and Voluntary Community Social Enterprise (VCSE) organisations to reduce/eliminate bed blockage. This has enabled us to mobilise thirty-six schemes which has resulted in substantial reduction in DTC which has had a direct impact in reducing our OAPs
- Independent Sector (IS) – in the last month NHSE in North West of England have secured a contractual agreement with all our IS MH secondary service providers to exclusively provide their beds for residents of North West of England. This will ensure that our patients, that cannot be accommodated within our NHS/VCSE facilities, will be accommodated within local IS facilities.

We are actively working with all partner organisations across Primary/ Community/ Secondary care to ensure that information on patients is routinely shared. We are conscious that this is critical to ensuring better and safer care for all our patients. As part of our mental health strategy 2021-24, we will look to enhance our digital capabilities to support this very important objective.

Actions taken or being taken to prevent reoccurrence across Greater Manchester.

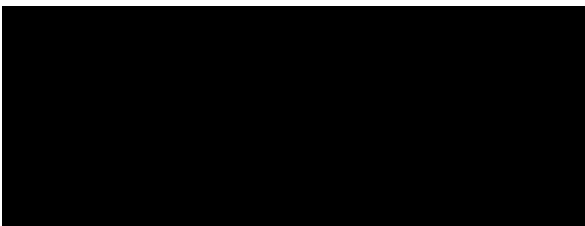
1. Learning to be presented/shared with the Greater Manchester Quality Board. This meeting is attended by commissioners, including commissioners of specialist services, regulators, Healthwatch and NICE.

2. Learning to be shared with the Greater Manchester commissioners of services to consider the findings of the investigation within the context of the services they commission

The Greater Manchester Health and Social Care Partnership (GMHSCP) is committed to improving outcomes for the population of Greater Manchester. In conclusion key learning points and recommendations will be monitored to ensure they are embedded within practice.

I hope this response provides the relevant assurances you require. Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely



Chair of GM Medical Executive, GMHSCP