



**Cambridgeshire and
Peterborough**
NHS Foundation Trust

Date: 22 April 2022

Please reply to:

██████████
Elizabeth House
Fulbourn Hospital
Fulbourn
Cambridge
CB21 5EF

██████████
Mr Philip Barlow
Assistant Coroner for Peterborough and
Cambridgeshire

By email only to: coroners@cambridgeshire.gov.uk

Dear Mr Barlow,

I am writing to set out the Trust's formal response to the Regulation 28: Report to Prevent Future Deaths, dated 16 February 2022, which was issued following the inquest into the death of Mr Daniel France.

I would like to begin by extending our deepest condolences to the family of Mr France. We fully understand that this has been, and remains, an extremely difficult time.

Whilst this letter sets out CPFT's formal response, I would like to confirm that there has been some collaboration between the Trust and Cambridgeshire County Council to ensure our respective responses provide assurance that we have looked seriously at how to fully address the issues raised in your report.

Regulation 28 Concern

It is stated in your report that:

My concern in this case is that a vulnerable young person can be known to the County Council and Mental Health Trust and yet not receive the support they need pending substantive treatment. Danny was repeatedly assessed as not meeting the criteria for urgent intervention and yet the waiting list for psychological therapy was likely to be over a year from point of first presentation. That gap between urgent and non-urgent services is potentially dangerous for a vulnerable young person, where there is a chronic risk of an impulsive act. I understand that there is a long-term plan to extend young people's services to age 25, but I remain concerned about the ongoing situation, and that a young person today could be faced with the same challenges in finding support pending substantive treatment. I believe this concern is the combined responsibility of Cambridgeshire County Council and CPFT.

Despite the challenging context of the last two years, CPFT's efforts to improve its services have continued. Significant additional work has recently been undertaken to prevent, mitigate and respond to the mental health impacts of the coronavirus pandemic and our plans to cope with the local demand for mental health services.

Following the inquest, you were satisfied that several issues raised had already been addressed, through evidence, by the respective organisations. In broad summary, these were:

1. **Problems with the GP's access to information for mental health services.** In particular, awareness and appropriate notification of the patient's contact with the First Response Service (FRS). It is clear from the evidence that there has been a change in CPFT's record system, which has now completed the transition to SystemOne. This is a major change which should facilitate cross-access of records between GP and mental health services, subject to the patient opting to allow such access. The changes seem to address the communication concerns raised at the inquest.
2. **Training on LGBTQ plus issues and steps taken to prevent deadnaming and misgendering in IT systems.** My understanding is that all the organisations involved in this case have committed to ongoing training about LGBTQ+ issues. CPFT's IT system is being updated to include gender and gender-identity codes.
3. **Whether Cambridge County Council's policy on the need for parental consent has been sufficiently updated.** Representatives on behalf of the Council have agreed to review the policy.
4. **The transfer between secondary mental health services.** In this case there had been a technical decision to discharge Danny from secondary services in Suffolk and that he did not need direct transfer to secondary services in Cambridgeshire. Such referrals can be made if considered appropriate.
5. **What does the YMCA have sufficient guidance and policies on welfare cheque suicidality, and escalation of concerns to other agencies?** The YMCA staff were clearly supportive of Danny and seem to have built up a good relationship with him. It seems to me that the important issues are that hostel staff can escalate concerns to mental health professionals when needed. This is being addressed by training and making sure staff are aware of the NHS 111 option 2 professionals' line.

In respect of point 4 above, this was discussed between CPFT and CQC and has been flagged with the inspection manager for the relevant trust in Suffolk.

The NHS Long Term Plan, published in January 2019, set out the priorities for expanding children and young people's mental health services over the next ten years and CPFT is committed to working with other organisations to continue to develop existing and new services for children and young people with significant mental health difficulties.

Cambridgeshire & Peterborough Clinical Commissioning Group ("the CCG") has commissioned a dedicated CAMHS Crisis Team which is provided by CPFT's Children's Business Unit and is part of the core CAMHS pathway.

The CAMHS Crisis Team provides direct access for children and families to a CAMHS professional to provide advice and home, hospital or clinic-based face to face assessments. This service is commissioned by the CCG to operate 8:00am to 8:00pm five days a week and offers brief interventions (up to two weeks). Outside of these times young people and families have direct access to the First Response Service (FRS), an all age, 24/7 telephone advice crisis service. This service has embedded CAMHS practitioners and a CAMHS consultant to provide direct work and supervision for non-CAMHS staff.

CPFT also provides a dedicated CAMHS Home Treatment Team – commissioned by the CCG and NHS England. The Team works intensively with young people and families as an alternative to hospitalisation. This is a multi-disciplinary team and will operate 9:00am to 9:00pm, with up to three contacts per day in the family home to provide treatment to young people and families. This service is not commissioned to provide 24/7 in-home

support for young people. If this level of support were needed, then this would be raised through either the joint funding panel or through the CCG Section 117 funding stream.

In addition to the ongoing improvements made by the Trust, in June 2021, the Nottingham Centre for Transgender Health network (NCTHnet) launched a new national pilot scheme for patients registered with a GP in Cambridge, Norfolk, Suffolk and Essex.

The service is led jointly by CPFT and the Nottingham Gender Dysphoria Clinic and will see patients who have been waiting on other Gender Clinics waiting lists on a “who has been waiting the longest” basis.

To support the service, nurses from CPFT are being trained in transgender healthcare and will be joined by soon to be appointed GPs. The pilot is part of the NCTH network and patients will have the same access to support and treatment as they do with a Gender Identity Clinic. Nottingham will provide the training, clinical governance, and additional support elements of a patient’s pathway. It will be a single approach of two teams working together as one.

CPFT also continues to work in partnership with other organisations to ensure services are restored, whilst working in challenging times with increased demand, impact on workforce and build-up of waits due to early pandemic circumstances.

However, to make many of the service improvements, CPFT has required both an increase in, and development of, its mental health workforce. Although it is acknowledged that over the past 5 years there have been service developments and investment, there is still further progress that needs to be made as the demand for Children and Young People’s Mental Health continues to grow.

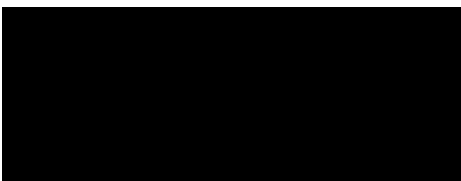
The need for sufficient and experienced workforce who can deliver the evidence-based interventions and support to children and young people is essential. CPFT has received some funding towards its Psychology workforce, and we continue to make the case for further year-on-year growth funding.

CPFT continues to review its workplace practices to enable its workforce, at every level, to use and develop their skills, knowledge, and experience to the fullest possible extent. CPFT has recruited temporary Assistant Psychologists using ‘slippage’ money. In addition, the development of the Clinical Associate in Psychology role (CAP) has provided the Trust with an opportunity to release a number of training posts that will support further workforce development across the Trust.

Recruitment continues to be very challenging. There are gaps which reduce workforce capacity and the challenge to recruit the numbers and skilled workforce required to deliver the various initiatives continues nationally. Only time will tell whether the CCG continues to invest locally and in accordance with its (annually refreshed) Local Transformation Plan for the Cambridgeshire and Peterborough area.

I hope that this response provides assurance to Mr France’s family and yourself that the Trust has taken the learning from the Inquest very seriously and continues to improve its policies and put in place measures to ensure safe and effective services.

Yours sincerely

A large black rectangular redaction box covering the signature of the Interim Chief Executive.

Interim Chief Executive