

**PRIVATE AND CONFIDENTIAL**

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04 October 2023

RE: Inquest touching the death of Lucy Anne Walles

Dear Madam

I write in relation to the above inquest which concluded on 16<sup>th</sup> June 2023.

On 22<sup>nd</sup> June 2023 you made a report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013. Your report was sent to Reading Borough Council and Berkshire Healthcare NHS Foundation Trust. I am writing to provide you with the Berkshire Healthcare response to your concerns.

**1) How do the changes/proposed changes to systems (including the 'One Team' approach) make a difference?**

NHS Trusts are changing and improving the way mental health services are provided in the community to support people with mental illness. In Berkshire Health Care we are calling this programme of work "One Team". This transformation of services is happening across the country following the publication of the Community Mental

Health Framework for adults and older adults by NHSE. The new ways of working will improve mental health services so that GPs, mental health teams, local authority and other support organisations in the community work better together so that patients can receive the care they need in a timely way without having to navigate confusing systems. This programme of work is ongoing and is expected to be implemented by September 2024. This work will make a difference by providing:

- Clear care and safety plans to address target problems and safety concerns.
- A named worker which provides an opportunity to build trust and a meaningful connection as well as clarity and oversight on plans.
- Connection with meaningful activities.
- An opportunity to create or fulfil personal hopes and aspirations.
- Feedback opportunities so that outcomes can be measured.
- Better support in the community through the availability of a wider system of support to reduce reliance on crisis services.

Instead of teams of mental health professionals, teams will be multi-agency teams, consisting of colleagues from social care and health working alongside the Voluntary, Community and Social Enterprise (VSCE) sector,. They will also include people with lived experience. This approach broadens the support available for people with any level of mental health need. Multi-agency and multi-disciplinary forums will ensure information is not lost or misunderstood and holistic, trauma informed care plans are collaboratively created. This mechanism will also ensure needs are being met by the most appropriate service and expectations are realistic and clear.

### **Specifically:**

- a) Is the trust able to say with any confidence that a patient like Lucy would not be discharged from the crisis team without additional support, as she was on 2nd February? b) Is the trust able to say with any confidence that a patient like Lucy would be offered some support, whether by the crisis team or otherwise, in the situation that arose on the 15th February?**

At the time Lucy was discharged from CRHTT on the 2nd of February 2022, she had a 16 hours per week of community support in place provided by Adult Social Care (ASC) with a planned move to accommodation with support available 24/7. Lucy also had access to the Service User Network (SUN) which provides group support, and Shout (which provides support with stress, anxiety, suicidal thoughts, and links to many other sources of support for example autism and mental health, bullying, relationships). A Pharmacist review of medication was planned for 17th February 2022. In the new model the following additional support could also be offered in

combination with the package from adult social care and this would avoid the need for a crisis team referral on 15<sup>th</sup> Feb 2022:

- **Mental Health Integrated Community Service (MHICS)**  
This team is now in place and provides specialised mental health support within the community, focussing on recovery and resilience. This is a multidisciplinary team set up to support people with significant mental illness via direct from services including referral from primary care (Additional Role Reimbursement Scheme (ARRS) worker could refer, ARRS workers are mental health practitioners working in the GP surgery). The aim is to provide early intervention to prevent escalation to services for serious mental illness.
- **Elmore complex needs floating support service.**  
This is a charity we have commissioned to provide support to people with a wide range of complex needs, who are at risk of falling between the gaps of existing services. Alongside the Trust's existing offer Elmore provides innovative ways to build trust, increase patients' engagement with relevant agencies and deliver support tailored to the people who need it. The target group is those who have multiple support needs and complexity. For example, homelessness and rough sleeping, substance misuse, offending, physical disability, self-harm, learning difficulties, domestic abuse, sex working, or experience of abuse and neglect. A motivated team, with wide ranging expertise has been identified to work as part of our personality disorder pathway to provide this individual support. Patients may have very chaotic lives and be distrustful of statutory agencies. Elmore is essential in building the trust required to engage, and maintain that engagement, with other agencies that can provide much needed support. Elmore are now able to accept referrals.
- **Managing Emotions Programme (MEP)**  
This is part of the personality disorder pathway. The Managing Emotions Programme is a range of courses designed to equip people with the tools and skills needed to manage overwhelming emotions more effectively. This programme is running.
- **Outreach workers**  
These workers are able to offer short term support and safety planning to those who do not meet threshold or who are unable to access community mental health teams and/or psychological therapy. Will be fully operational by December 2023

- **Integrated Multi-Disciplinary Team**

Complex cases can be discussed to enable a clear formulation of risk and needs. This forum will ensure the person gets the most suitable pathway and care plan to enable the patient to achieve their personal and treatment goals. It is also a place where important information can be shared across agencies pathways, for example, the ARRs worker could present a case here to ensure the correct pathway is in place, adult social care staff can attend to share any concerns. This function will be operational by December 2023.

## **2) Do they consider that resourcing of these services is adequate and safe?**

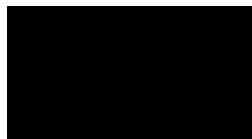
Resourcing remains an issue for all Mental Health Trusts due to the national shortage of qualified mental health practitioners, particularly nurses and psychiatrists. Fewer people want to work in mental health services, and this poses a problem in terms of recruitment and retention. In addition, demand for mental health services is greater than it was previously. The trust has a number of initiatives in place to address these issues:

- The reconfiguration of community mental health services as part of the One Team project seeks to ensure the resources we have are being utilised in the right place. Significant changes have already been made to bring the East and West services together to improve resilience and make best use of staff resources and expertise. The leadership of these services is currently under review with the aim of ensuring the right level of operational support is in place, and that staff can be mobilised across the whole of Berkshire, reducing unwanted variation and moving resource around as required making services safer.
- Case load reviews - Historically in all mental health services, patients would remain on CMHT caseloads for many years, which can impact significantly on safety as thresholds for acceptance and waits for CMHT due to capacity are directly linked to this. The review will increase resources available by ensuring people are on the correct pathway and receiving the correct evidence based treatment and support.
- A Nurse consultant network is also now in place; these are senior specialist roles that attract mental health nurses by providing an opportunity to practice in a senior clinical role, as well as having protected time to focus on education and research and a clear development pathway. The Nurse Consultants can also intervene when there is complexity, which helps with resourcing as staff are supported with caseload capacity and complexity. Nurse Consultants also have a role to play in monitoring workforce capacity to ensure safety.

- Increasing the support, skills and knowledge by offering training and supervision to the primary care workforce so they can care for people with mental health problems.
- Utilising professional nurse advocates to provide staff with restorative supervision through dedicated staff trained as professional nurse advocates on a monthly basis, to reduce staff turnover as a result of burnout.
- Human Resource initiatives to focus on recruitment include targeted recruitment, apprenticeship schemes, linking with universities, using social media and recruitment campaigns.

The resourcing of mental health care remains a challenge. However, patient safety is at the heart of everything that we as a Trust do, and we feel that the initiatives we have implemented, and which are ongoing will optimise the deployment of available resources to ensure we support and safeguard our patients as best we can. We are aware that further learning may arise from the ongoing Safeguarding Adults Review ('SAR'), we are working closely with the panel and will respond to the recommendations.

Yours Sincerely



Chief Operating Officer