

[REDACTED] [REDACTED] 25 August 2023

PRIVATE AND CONFIDENTIAL

Caroline Saunders
Senior Coroner (Gwent)

[REDACTED]

Dear Ms Saunders

Regulation 28 Report received by Aneurin Bevan University Health Board further to the inquest touching on the death of Kaye McCoy which concluded on 27 June 2023

Thank you for your letter of 30 June 2023 and accompanying report, which the Health Board received on 06 July 2023.

I am writing to provide you with the Health Board's response to the Regulation 28 Report to Prevent Future Deaths, which was issued following the inquest into the death of Mrs Kaye McCoy.

As requested, the information presented below is intended to describe the actions which have been taken/are being taken by Aneurin Bevan University Health Board to mitigate the risk of future deaths. You require the Health Board to provide you with the following information:

1. Confirm the processes that are in place to ensure that all patients who are in receipt of care by the mental health teams have a strategy for the engagement with the family and how this will be audited. You note that Mrs McCoy had been under the care of Older Adult Mental Health Services since 2017, and
2. Confirm the plans for ensuring that all patients in crisis can be followed up, out of hours and at weekends by a crisis team or similar.

With regard to the first point, the Division of Mental Health and Learning Disabilities has a number of processes currently in place to support family engagement, for example, training in both Care and Treatment Planning and in Wales Applied Risk Research Network (WARRN) risk formulation, which emphasises the importance of family involvement and engagement, particularly in the recognition and management of relapse indicators and contingency

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planning (with the person's consent). Trainers have been asked to strengthen this element of training.

This year's National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) Annual Report also provides data and evidence relating to family and supporter involvement in patient care. This is discussed during the Division's awareness-raising training to registrants about NCISH findings which highlights and promotes helpful and inclusive dialogue with patients and their families/ supporters. The Division will be producing a guidance document – 'Principles for family/ supporter involvement in care and care planning' for staff which will also include advice and principles in relation to confidentiality and inclusion. This will be drafted by the end of October 2023.

With regard to the second point, the Health Board does not have a stand-alone Crisis Resolution Home Treatment Team (CRHTT) for older adults. The implementation of CRHTTs in mental health in Wales was a policy directive of the then Welsh Assembly Government in 2010 as part of the Adult Mental Health National Service Framework for Wales, and Health Boards received funding to develop these teams to meet the needs of working age adults. Psychiatry in older adult mental health is a sub-specialty in its own right with a distinct clinical skillset and knowledge base. The following are existing pathways for older adults needing support, advice, assessment or intervention in a crisis:

- a. The out of hours GP service can make referrals directly to the Older Adult Mental Health service via the junior doctor on call. Following assessment, a plan will be devised with the patient and their family which might include a plan for admission to hospital.
- b. Older people experiencing crisis who present to the Emergency Department will be referred to the Older Adult Psychiatric Liaison team for assessment and a plan will be devised with the patient and their family which might include a plan for admission to hospital.
- c. The '111 press 2' service is a 24 hour a day, seven day a week, phone line open to people of any age. Callers can be patients of the service, relatives, friends or people in need. The service is staffed by employees of the Health Board who are trained to support people in crisis, offer advice to people calling on behalf of themselves or others, and to link people with crisis teams for assessment where this has been assessed as a need.
- d. The 'Shared Lives' project, previously available to younger adults, has recently been extended to include older people in crisis. The schemes match someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs. (This service was not available at the time that Mrs McCoy was experiencing crisis).
- e. Tŷ Cynnal is a house provided in partnership with 'Platfform', a third sector organisation that supports people with mental health issues with housing. The house is available to support people experiencing mental health crisis who do not require medical/hospital support but require a safe sanctuary for support to manage their distress. People are referred to Tŷ Cynnal by the mental health service. This option has only recently become available to older people experiencing crisis who are already known to the mental health service.

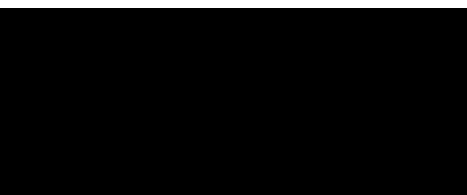
Additionally, the Older Adult Mental Health service has completed a 6-month pilot extending the hours of the Community Mental Health Team in Caerphilly, to include evenings and weekends. The pilot funded extra clinical staff to support this function and Caerphilly was chosen as the pilot area as the highest populated borough within Gwent to establish need and demand. One of the terms of reference of the Health Board's incident review into Mrs McCoy's death was whether her needs would have met the criteria for inclusion in this pilot. The Investigating Officer found that she would have been offered this service if she lived in Caerphilly at that time.

The pilot has now ended and the Health Board is considering its findings and recommendations.

In addition to the pathways described above, the Health Board is exploring other alternatives including understanding the offers of other Health Boards in Wales to inform a future review of crisis provision for this group, with associated standards for ongoing audit. In the interim, the Health Board will continue to audit use of the current pathway by the older adult population to continue to inform service development.

I trust that this information reassures you about the Health Board's plans to improve the accessibility of crisis services for older people, as well as family/supporter engagement in care and care planning. However, if you require any further information or assurance, please do not hesitate to contact me.

Yours sincerely

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Prif Weithredwr | Chief Executive