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Nadia Persaud
His Majesty's Area Coroner for East London 124
Queens Road
Walthamstow London
E17 8QP

2nd January 2024

Dear Ms Persaud,

Re: Inquest touching upon the death of Amarnih Louis Lewis-Daniel

Please see below responses to the questions that you asked via letter on the 5th December 2023.

1. **Detail of any information sharing protocols that Together has, with associated mental health trusts**

Together have separate ISAs in place with NELFT and also ELFT - attached. In addition, we have the Standard Operating Procedure for Liaison and Diversion (all providers) – attached.

2. **Any training or guidance provided to Together staff in relation to the need to share risk information with a patient's NHS treating team.**

The practitioner was an agency member of staff with us through Liquid Personnel. It states on the contract we held with Liquid that [redacted] is a qualified Social Worker with HCPC registration.

When we recruit staff via agency for short term assignments ([redacted] was initially for a 2 month period, and he worked with us 5 months in total Dec 20 – May 21), we ensure staff come with an appropriate qualifications (such as Social Work or Psychology) which means they will have been subject to risk management, information sharing and safeguarding training as part of their professional training.

It is Together's practice that all staff, including agency staff are subject to an induction period led by their line manager in which all organisational policies in relation to risk management and information sharing, as well as any local protocols are discussed with them to confirm their understanding. We seek to work on a consent basis but staff are all inducted to the principles of defensible decision making, and that they can and must share information with care providers if there is a risk that needs to be shared to keep our service user or others safe.

Staff will also shadow experienced Practitioners during this time. Learning also takes the form of regular feedback on work undertaken, highlighting best practice and learning, with Service Managers reviewing assessments and reports produced by the staff member regularly.

Due to the short duration of agency assignments, Together's training package relevant to the question posed here is not mandatory, however if a learning need is identified, we can offer staff online training in Data Protection and Security, Safeguarding Adults (Level 3), Safeguarding Children (Level 3), Recording Skills as well as classroom training on Formulation & Report Writing, Risk Management training and Trauma Informed Approach.

Permanent Together L&D Practitioners also have mandatory Professional Practice Meetings (clinical supervision from a qualified Forensic Psychologist), reflective practice and line management supervision to which they can take case discussions and discuss information sharing protocols. Depending on the Duration of their assignment, agency staff may be included to the PPM and RP sessions but will always have line management supervision in which cases are discussed. We also have an on call Manager available within the CJ team for any on the day queries staff may have in relation to cases.

3. **Is Together part of the East London Care Records? This is a joint record platform hosted by Barts Health to improve the continuity of care across East London. If not part of the ELCR, is this something that could be considered?**

We do not have access to the ELCR, we have direct access to SystemOne which allows us to see the person's GP summary care records but not their full medical history. We have been informed by ELFT that access to ELCR is part of the "One London Project". We would be happy to raise this with ELFT and our L&D commissioner to see if it would be appropriate for Together staff to have direct access to ELCR and when we can piloted onto the ONE LONDON PROJECT.

4. **If a Together practitioner wishes to seek collateral mental health history about a patient who is known to NELFT, how would they go about doing this? Are there any difficulties in accessing medical history from NELFT?**

The way Together L&D staff currently access information from the NELFT CMS (RiO) when we need to is via a named Team Administrator who is generally responsive to our requests for information on the same day. It is unknown whether [redacted] was in possession of information that the Client had previously been known to NELFT in 2019, if this information was available to him, we would have expected him to liaise with NELFT in relation to current risk and need.

With the case in question, the Practitioner ended their assignment with us in May 2021 and their line manager no longer works for Together. Based on the entry to the case management system we were using at the time (ECase), [redacted] was compliant with the expectations of the role in the following ways:

- [redacted] did attempt to offer an L&D service to ALL-D both when referred by SERCO staff, and again after the Magistrate expressed their concern.
- [redacted] subsequently recorded that ALL-D had declined an L&D assessment on both occasions.
- [redacted] attempted to contact the AMHP service for advice on whether a MHAA needed to take place.
- [redacted] did not request for the court to use Paragraph 5. It is not within the remit for an L&D Practitioner to do so, The case note indicated that the judiciary made this decision.
- [redacted] shared information with the Probation Officer both by phone and email.

Due to the time passed and that we do not have direct contact with [redacted] at this time, it is not possible

to verify if all of the below took place, however the following would be expected practice within the L&D role given the circumstances of this case:

L&D Practitioner to escalate to a Together manager and the Practitioner or Together Manager to escalate to the AMHP Manager if they could not get through to the AMHP service to coordinate a MHAA on the day.

L&D Practitioner to attempt to seek collateral information about this service user. As we were not on SystmOne at the time, the practice would have been for the Practitioner to contact the Clients GP if details were known, and to make enquires with the relevant NHS trust to see if she was known to any mental health teams. We know that at times defendants are seen in the court room before Practitioners have received responses to their enquiries as this is out of our control. Practitioners are expected to flag with the court (list caller and Judiciary) if they are awaiting/missing information relevant to risk and need at the time someone is called to court.

The Practitioner would have been expected to liaise with the "B+D Mental Health Autistic Service" to see what was known about risk and need given the concerns about the Clients presentation at court, and if concerns were sufficient to breach confidentiality, to inform them of her upcoming court appearance at Romford CC in order that she could be offered appropriate support with the process. L&D Practitioner would be expected to record evidence of information sharing with the receiving prison about concerns relating to the Clients presentation, and the fact that a MHAA could not take place on the first day.

If you have any further questions please do not hesitate to contact us for further information.

Yours sincerely,

[redacted]

Head of Quality Improvement