



Louise Hunt
Senior Coroner for Birmingham and Solihull
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BY EMAIL ONLY

Our Ref: [REDACTED]

Your Ref: [REDACTED]

Date: 7 May 2024

Dear Mrs Hunt,

Re: Prevention of Future Deaths Jacob Billington

Thank you for your Prevention of Future Death (PFD) report, which I understand has also been issued against the other Interested Parties within Mr Billington's inquest. I would like to take this opportunity to offer my sincere condolences to Jacob's family at this time and offer my assurances that as a trust we have carefully considered the issues that arose during the inquest and will use this time to ensure that lessons are learned for patients and the public in the future.

In response to the following points:

Management of release and lack of interagency working.

Cross agency guidance regarding release of high-risk prisoners with mental health difficulties at their sentence end date.

West Midlands MAPP

The Deputy Medical Director chaired an initial scoping meeting in response to these issues identified by the PFD on 10th April 2024, culminating in agreement on 3 primary areas of focus :

1. **BSMHFT involvement in MAPP.** We acknowledge the need for a sustainable engagement strategy with the Multi-Agency Public Protection Arrangements (MAPP). Currently the Prison Discharge Coordinator acts as the main link with the MAPP process. There is a need to understand if this is sustainable and suitable. There is a plan to include the BSMHFT MAPP Clinical Lead to support in outlining this and identifying any gaps to be alternatively planned for.
2. **Role of the Prison Discharge Coordinator.** The Standard Operating Procedure has been revised. In addition to this there is an intention to review the Job Description of this role and understand in more depth the scope of what this role can achieve currently or will need to achieve in the future including any potential additional resource requirements. This review is aimed at aligning the role's

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capabilities with the evolving requirements of our service and ensuring it can effectively contribute to safer community reintegration

3. **Interface between Prison In-reach and the CMHT-** A comprehensive review of the current interaction process between the Prison In-reach team and the CMHT is planned. This will involve a detailed gap analysis to determine areas needing strengthening. We aim to develop a clear plan to enhance this interface, thereby improving continuity of care and ensuring that individuals receive the necessary support as they transition from prison to community-based services.

These workstreams are part of our ongoing commitment to make substantive, lasting changes that address the concerns raised. We understand the importance of ensuring these changes are not only implemented but are sustainable and lead to significant improvements in patient care and safety. We will continue to monitor the effectiveness of these changes closely and adjust our strategies as necessary to meet this commitment.

To ensure effective progress in addressing these areas, we will establish dedicated workstreams that will operate as part of a Task and Finish group. The stakeholders for each workstream will be responsible for reviewing existing processes and relevant policies to determine if further action is required. The initially identified stakeholders have been both cross-organisational and multi-professional including Secure Care Services, the In Reach Team, Community Mental Health Services (BSMHFT and FTB) and HMP Birmingham. As this work progresses, if additional key stakeholders are identified, they will be included.

Each workstream will formulate a plan, outlining specific outputs and associated timeframes. These plans will be overseen by the Deputy Medical Director for Quality and Safety and our Clinical Governance Committee.

Through this structured approach, we aim to thoroughly analyse, carefully plan and implement improvements where needed. Whilst we cannot give you an immediate outcome on these points, we will write formally and update you in 3 months on our progress.

In the meantime we can offer you assurances that since the events that culminated in Mr Billington's death the Trust has improved the structure and supervision surrounding the prison discharge coordinator roles, such that the practitioners have weekly supervision with opportunity to escalate cases of concern, and an improved system of referrals and discharge procedures, reflected in the updated standard operating protocol. This means that in the event of a similar situation occurring again, there would be sufficient structure to ensure and support the flexibility in service provision to prevent such an individual falling between services, even where they had been discharged from active multiagency management by MAPPA.

In addition to our Prison Discharge Co-ordinator we also have our RECONNECT service in place which was not available previously. Whilst it is important to note our RECONNECT service is not a statutory service and engagement from service users is voluntary, their inclusion criteria is for prison leavers with low/medium risk profiles. They offer in reach support 12 weeks pre-release and then up to 6 months support post release in the community. RECONNECT is a vulnerability service supporting multiple service user needs including accessing mental health support.

They are based within HMP Birmingham however are a national service and accept referrals from Out of Area prisons for prison leavers relocating to Birmingham and Solihull. Additionally, prison leavers can be referred up to 28 days post release by probation offender managers, other professionals, family/friends or self-referrals.

In addition HMP Birmingham has an in-reach mental health team. If a prisoner is released who is on the mental health caseload, the team would refer into the local CMHT if not already

known to them. If they are already known to a community CMHT we would inform them of the release date and they would also be invited to any Care Programme Approach. If they are known to the Assertive Outreach Team or homeless team the team would also take this approach. If a prisoner is receiving a service from mental health in HMP Birmingham and is transferred to another jail the in-reach would inform the receiving jail and hand over any clinical information that is required. The in-reach team can also refer to RECONNECT service for prisoners who needs support in the community with mental health.

Systemone

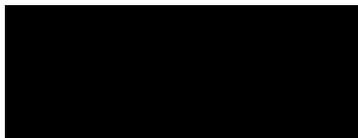
Whilst this point is an issue which will need to be addressed at a more national level by other Interested Parties, the Trust has also looked at its own Systemone interface in HMP Birmingham to see if this can be amended locally.

We are satisfied that GP details are readily recordable and accessible within the system. There is not currently a specific field for recording information by the community mental health team for those prisoners under the care of secondary mental health services. This is mitigated because NHS staff within the prison have access to the mental health records for people from Birmingham and Solihull however for prisoners from outside of the Birmingham area, the Trust may not have this access. Therefore an approach has been made to Systemone to discuss the feasibility of adding this to the system locally. We anticipate we will have a decision around this within the next month.

I fully appreciate your request for a detailed account of the changes we are implementing following the Prevention of Future Deaths report. I must emphasise that the nature of these changes is complex and inherently requires a strategic, phased approach to ensure they are sustainable and effectively address the issues identified. Significant improvements to practices and systems are not instantaneous but are developed over a considered period to ensure they are thoroughly embedded and genuinely effective. We are committed to making these improvements with the utmost diligence and oversight to prevent any future incidents and will keep all stakeholders updated as we progress.

If we can be of any further assistance at this time, please do contact us.

Yours sincerely,


Medical Director