

Senior Coroner, Nigel Parsley
Suffolk Coroner's Court
Beacon House
Whitehouse Road
Ipswich
IP1 5PB
Email: [REDACTED]
By email only

NSFT Trust Management
Norfolk & Suffolk NHS Foundation Trust
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Martineau Lane
Norwich
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Dear Senior Coroner Parsley

4 December 2024

Regulations 28 and 29 (coroners investigations regulations 2013) notification made in response to the death of Nigel Hammond

I write in response to the Regulation 28 report made on 9th October 2024 in respect of concerns raised at the inquest touching on the sad death of Nigel Hammond which concluded on 8th October 2024.

I have reviewed the report in its entirety and note that Mr Hammond had previously received successful home treatment in 2020. The concern raised at inquest related to:

8.the court was told that an Approved Mental Health Professional (AMHP), despite their role in the coordination of the mental health assessment and admission to hospital of a patient, were not permitted to make direct referrals to the emergency Crisis Resolution and Home Treatment Team.
9. The court heard that the normal route for such referrals was via the GP Surgery, or primary care Mental Health Nurse, neither of whom in Nigel's case would have been available before 08:00 on Monday 11th March 2024. Nigel's fall which led to his death, occurred at 06:25 that morning.
10. I am concerned, as had the AMHP in Nigel's case been able to directly refer him to the Crisis Resolution and Home Treatment Team on the 9th March 2024, mental health professionals would have attended, and been able to provide additional support, advice and potentially additional treatment for Nigel, in all likelihood preventing his death.

We have liaised and worked jointly with our colleagues at Suffolk County Council and produced a guidance document (Attachment A) to foster better communications between the teams emphasising the need for discussion and communication between crisis team staff and AMHP staff prior to Mental Health Act Assessments and where the AMHP staff are deciding to stand down an assessment but are aware an individual will require follow up support. This will support making the best person-centred plan for an individual.

The local CRHT managers will monitor application of this guidance and will discuss its benefits or any required adjustments in our partnership meetings going forward. Performance in this area will be tracked by operational teams and reported to NSFT's Clinical Governance Group. These actions will also be monitored and assured by the NSFT Patient Safety Group, both groups chaired by the Executive Chief Nurse.

I hope this provides assurance that we continue to strive to provide the best possible service to all those requiring our services in collaboration with our system partners.

Yours sincerely,

[REDACTED]

[REDACTED] Chief Executive Officer

One Page information guide for AMHP's re referrals to NSFT CRHTT (Suffolk Wide)

NSFT REFERRAL CRITERIA FOR CRISIS RESOLUTION AND HOME TREATMENT TEAM (CRHTT)

The CRHHT is a 24-hour 7 day service. It is all-age inclusive and is a responsive service for when someone is acutely mentally ill, or in severe mental health crisis, and without intense CRHTT input, a hospital admission would be necessary.

There is also a Dementia Intensive Support Team (DIST) that works with people who have a cognitive impairment but do not have a formal diagnosis. This service is currently only operational during normal business hours and works to the same principle of avoiding hospital admission.

GATEKEEPING/ MENTAL HEALTH ACT ASSESSMENTS (MHAA)

AMHPs are expected to contact the CRHTT, who act as gatekeepers, prior to arranging a community MHAA. The purpose of this is to discuss possible alternatives to MHAA/admission and consideration of the least restrictive alternative to hospital admission.

This discussion is necessary even if the initial MHAA opinion appears to indicate detention under the Act. This is considered best practice for collaboratively formulating the best clinical outcome for the person and may lead to either home treatment, signposting or access to other alternatives to hospital, for example the use of a crisis bed.

The MHAA team should also check if the person has a crisis contingency plan as this may guide their decision making.

REFERRAL TO CRHTT post MHAA

Post assessment an AMHP can formally refer to the CRHTT. Generally, the patient must be aware of and consent to the referral. Exceptions to this include where a person may lack capacity to consent and if clinically appropriate a referral can be made. Other factors that may support a home treatment referral include, a supportive family who can be with the patient and assist with medication etc.

PROCESS

In making a referral, the AMHP must provide a social circumstances report (SCR), and the Section 12 assessing doctor must make a medical entry on Lorenzo (electronic patient healthcare record). If the AMHP does not have access to Lorenzo, then the SCR can be emailed to the relevant CRHTT.

The MHAA team should formulate an initial safety plan with the patient (and their family/carers where indicated)

If accepted for CRHTT the AMHP should convey the outcome to patient, including when to expect the first contact with CRHTT, e.g. *'CRHTT will contact you tonight to arrange first visit'*, and give the CRHTT 24-hour number to the patient and also family/care giver if appropriate.

In circumstances where the CRHTT does not accept the referral, they should explain the reasons and assist with any discussions of available alternatives.

Any onward referrals to other teams or services is the responsibility of the AMHP, however the CRHTT will support the AMHP with this where necessary. .

West Suffolk CRHTT: crhttwestsuffolk@nsft.nhs.uk 01284 719724

East Suffolk CRHTT: crandhte_east_suffolk@nsft.nhs.uk 01473 891810

Gt Yarmouth and Waveney: CRHT.GYW@nsft.nhs.uk 01493 337860

West Suffolk Community Teams: Bury North IDT:01638 558650

Bury South IDT: 01284 733188

East Suffolk Community Teams:

Central Adult Community Team: 01449 745200

Ipswich Adult Community Team: 01473 341100

Coastal Adult Community Team: 01473 279200

Version 1

Agreed: 3 December 2024

Review: December 2025