NHS
Greater Manchester
Integrated Care

Date: 5 January 2026

Private & Confidential
Timothy William Brennand
Senior Coroner for Manchester West
Coroner's Office, Greater Manchester West
First Floor
Paderborn House
Howell Croft North
Bolton
BL1 1QY

Dear Timothy

Re: Regulation 28 Report to Prevent Future Deaths – Micheala Finch

Thank you for your Regulation 28 Report dated 6 February 2026 regarding the sad death of Micheala Finch. On behalf of NHS Greater Manchester Integrated Care (NHS GM), we would like to begin by offering our sincere condolences to Micheala's family for their loss.

Thank you for highlighting your concerns during the inquest which concluded on the 3 February 2026. On behalf of NHS GM, we apologise that you have had to bring these matters of concern to our attention. We recognise it is very important to ensure we make the necessary improvements to the quality and safety of future services.

During the inquest you identified the following cause for concern: -

> The deceased had a long-standing diagnosis of mixed anxiety and depression and alcohol dependency. Evidence suggested she may have been suffering from a *co-occurring disorder* (formerly "dual diagnosis"), warranting more active treatment, escalation, and a care coordinator.
>
> A recovery worker stated that Wigan addiction services receive numerous referrals involving service users with mental health needs requiring a care programme approach. Mental health provision was insufficient for such patients, and addiction services were perceived as an interim holding place for individuals with complex or nuanced needs.
>
> Neither the last assessing mental health clinician nor the author of the Rapid Review of Care identified:
> - missed opportunities to appreciate her mental health deterioration

- the potential for a co-occurring diagnosis
- the need for Home-Based Treatment Team referral.

At least two family members had raised profound concerns about the deceased's deteriorating mental state and paranoid behaviour to a Mental Health Team member. These concerns were **not passed on** to the assessing clinician. Communication was sub-optimal.

Evidence suggested a lack of professional curiosity and confirmation bias regarding the cause of relapse—her alcohol misuse was not considered to be a symptom of mental health deterioration.

Mental health staff stated that funding issues limit their ability to deploy escalated community care for patients who do not qualify for inpatient assessment or Home-Based Treatment Team referral. There is **no mental health equivalent of "hospital at home"**.

Evidence confirmed a significant incidence of self-harm or attempted self-harm shortly after assessment and discharge from the Mental Health Team at Royal Albert Edward Infirmary, including self-discharges due to the challenging A&E environment.

The evidence raises implications for:
- patient safety
- diagnostic accuracy
- risk assessment
- risk management
- safe discharge
- appropriate follow-up.

NHS Greater Manchester (NHS GM) recognises the seriousness of the concerns raised, particularly Matter of Concern six regarding the limitations in providing escalated community-based mental health support for individuals who do not meet thresholds for inpatient admission or Home-Based Treatment Team (HBTT) intervention.

NHS GM acknowledges the gap identified within the report, specifically the absence of a sufficiently flexible and responsive "step-up" community offer for individuals experiencing acute deterioration who do not meet existing service thresholds. We recognise the risks this presents in relation to patient safety, continuity of care and escalation into crisis.

In response, NHS GM is taking forward a combination of immediate actions and longer-term system transformation.

In the short term, work has been undertaken with Greater Manchester Mental Health NHS Foundation Trust (GMMH) to strengthen oversight and responsiveness within existing services. This includes improving identification and review of individuals at risk of deterioration, enhancing clinical oversight and strengthening multi-agency coordination to support earlier intervention. As part of this, all individuals previously awaiting allocation to a care coordinator have now been reviewed. This has provided improved visibility of risk, need and required interventions, enabling more proactive management whilst longer-term solutions are developed.

In parallel, NHS GM has been working to stabilise and improve community mental health delivery through existing resources, including strengthening operational grip, improving flow and supporting more coordinated responses to individuals with complex and co-occurring needs.

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In the medium term, NHS GM has developed the Greater Manchester Community Mental Health Service Specification (v0.96), which is currently in draft and close to finalisation. Whilst not yet formally approved, this specification sets out the core commissioning principles, model of care and expected service changes required to address the gaps identified within this matter of concern.

The draft specification establishes a more flexible, needs-led model of care, including:

- A “no wrong door” approach with needs-led triage and improved access to advice and guidance
- Integrated neighbourhood and specialist community mental health teams operating as a single pathway, enabling step-up and step-down support
- Development of more assertive outreach and proactive engagement for individuals at risk of deterioration
- Strengthened multidisciplinary working across mental health, primary care, social care, housing, voluntary, community and social enterprise (VCSE) sector and substance use services
- Improved crisis planning, information sharing and continuity of care
- Clearer expectations regarding support for individuals with co-occurring mental health and substance use needs

This model is intended to address a recognised system gap and move away from threshold-based access towards a more responsive and person-centred approach.

Implementation of the specification will be phased across 2026/27 following final agreement, with early elements already being progressed through existing service development and operational changes. This includes:

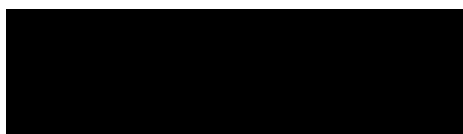
- Q1-Q2 2026/27: Finalisation of the specification, gap analysis and agreement of priority areas for delivery
- Q2-Q3 2026/27: Development of core infrastructure, including Referral and Assessment Hub models and strengthened neighbourhood team functions
- Q3-Q4 2026/27: Embedding of revised pathways, including enhanced outreach, improved crisis interface and strengthened support for co-occurring conditions

This work is currently being progressed through reprioritisation of existing resources. Whilst this has enabled early progress and improved system grip, NHS GM recognises that full implementation and delivery at scale will require continued focus on workforce capacity, service model development and system investment.

Whilst progress has been made, NHS GM recognises that this remains a system gap and is not yet fully resolved. We are committed to working with system partners to ensure that individuals receive timely, appropriate and safe care in the least restrictive setting, and that the issues identified within this report are addressed through both immediate actions and sustained system transformation.

I trust this information is useful. Please contact me should you require further information.

Best wishes



Part of Greater Manchester Integrated Care Partnership

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Draft_Community MH Pathway Specifica

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GM NISDN Comprehensive Stroke Centre (CSC) service specification

GM inpatient service specs incl TIA MOD1 V

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