



[REDACTED]  
Date: 02<sup>nd</sup> February 2026  
[REDACTED]  
[REDACTED]

**PRIVATE AND CONFIDENTIAL**

Suffolk Coroners Court  
FAO Coroner Taheri  
Beacon House  
IP1 5PB

[REDACTED]

Dear Coroner Taheri,

Suffolk County Council ("SCC") writes in response to your Regulation 28 Report dated 07<sup>th</sup> November 2025 and further to our previous letter dated 23<sup>rd</sup> December 2025.

SCC acknowledges it is a recipient organisation of the Report, however SCC wishes to clarify its statutory and operational remit in relation to the specific issue raised.

The responsibility for adult mental health provision and clinical pathways as identified by the report rests predominantly with NHS commissioners and NHS mental health providers (this is without prejudice to SCC's distinct statutory responsibilities in respect of mental health social care, including Care Act functions and, where applicable, joint aftercare duties under the Mental Health Act).

SCC Adult Social Care's role in this context (and generally) is concerned with statutory functions under the Care Act, including safeguarding where the section 42 duty is engaged (i.e. where there is reasonable cause to suspect the adult has needs for care and support, is experiencing or at risk of abuse or neglect, and as a result is unable to protect  
[REDACTED]

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themselves) and social care assessment/support for eligible care and support needs, which may co-exist with mental ill-health

Where information relates solely to adult mental health concerns and does not meet statutory adult safeguarding criteria and/or does not otherwise engage adult social care functions, SCC is not the appropriate recipient for clinical triage or onward clinical referral into adult mental health pathways. Where a contact nonetheless indicates an appearance of care and support needs, SCC will consider whether Care Act assessment duties are engaged.

For that reason, creating a new MASH pathway for adult mental health-only referrals that fall short of section 42 safeguarding criteria would not sit appropriately with MASH's purpose and would not, of itself, ensure that clinically relevant risk information is triaged and acted upon within a clinically led NHS mental health pathway.

SCC has participated in multi-agency discussions convened following the inquest, including a meeting chaired through Suffolk Safeguarding Partnership arrangements in January 2026 to support consistency across agencies' responses and identify feasible and deliverable actions.

While each organisation must respond to the Regulation 28 Report individually, SCC supports the partnership approach being taken to ensure the right agencies implement the correct solutions, and to ensure frontline staff have clarity about routes available to secure timely clinical triage and support. Notwithstanding the above SCC can confirm the following.

SCC will issue an internal briefing note to relevant SCC services (including Adult Social Care operational teams, Emergency Duty Service and Customer First) clarifying the purpose and limits of MASH in relation to adult mental health-only referrals, when Care Act section 42 duties apply and appropriate routes for signposting/referral to clinically-led NHS mental health triage services (including use of NHS 111 Option 2).



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SCC will also update relevant internal guidance and intranet pages used by Customer First / ASC to reflect the above, including out-of-hours signposting.

SCC will continue to support and will participate in a Suffolk Safeguarding Partnership led multi- agency audit to examine current processes and make recommendations to improve staff understanding and consistent system use.

SCC will support consistent multi-agency messaging explaining what happens when the NHS 111 Option 2 pathway is used, and why it is the appropriate clinically led route for adult mental health triage outside safeguarding criteria. SCC will incorporate partner provided wording into SCC-facing guidance and disseminate to relevant staff.

SCC recognises and supports the underlying safety aim of ensuring relevant risk information reaches the right services. However, it is not proposed to establish a new MASH pathway for “medium risk mental health-only” for the reasons outlined above.

SCC is committed to working with partners to reduce the risk identified in your Report. While SCC is not the correct lead body to create adult mental health referral mechanisms outside safeguarding criteria, SCC will:

1. Participate in and support the SSP-led multi-agency audit and recommendations;
2. Strengthen internal understanding and clarity across Adult Social Care, Customer First and out-of-hours teams about the function of MASH and the correct routes for adult mental health concerns;
3. Support consistent partnership messaging and signposting to clinically led NHS pathways, including NHS 111 Option 2.

SCC will continue to co-operate with other partner agencies and share relevant information in accordance with applicable information-sharing arrangements, to support timely access to clinically led crisis assessment where suicide risk is identified



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Yours sincerely,



**Suffolk County Council Legal Services (on behalf of SCC)**



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