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4th September 2015

H.M. Assistant Coroner for Nottinghamshire
Miss Stephanie Haskey
HM Coroner's Service
The Council House
Old Market Square
Nottingham
NG1 2DT



Dear Miss Haskey,

Re. Regulation 28 report – Emma Carpenter

I am writing in response to your report under Regulation 28 regarding the very sad death of Emma Carpenter. Before I set out my response to the questions in your report I would like to express my deep sympathy to the Carpenter Family and sadness at the death of their daughter.

I have set out below the actions that are being taken to improve the delivery of care for children and young people with an eating disorder, to support their families and carers, prevent poor long-term outcomes and the tragic death of a young person.

1. Long term investment for inpatient Child and Adolescent Mental Health Services (CAMHS) beds for those suffer from eating disorders

Admission into hospital, in the majority of cases, ought to be the result of all community interventions being exhausted. Since NHS England became responsible for commissioning inpatient services in 2013, we have invested financial resources and increased the capacity of inpatient beds both in the East Midlands and across the country to enable greater access to beds at time of clinical need. Working with expert clinicians and service managers, NHS England has developed national service specifications that require acute inpatient mental health units (also known as CAMHS Tier 4 units) for children and young people to manage a range of mental illnesses including eating disorders. In addition, NHS England also commissions specialist inpatient eating disorder units across the country.

Further to the additional beds already commissioned by NHS England, we are currently in the planning stage of a procurement process which will help to ensure that we commission inpatient beds according to need rather than based on history.

Whilst it is our understanding that there were beds available at the time of this tragic death, NHS England also recognises the importance of appropriate community eating disorder services and gaps in this provision across the country. This is reflected in the recent report of the Children and Young People's Mental Health Taskforce 'Future in

High quality care for all, now and for future generations

Mind' (<http://www.future-in-mind.co.uk/>), jointly chaired by the Department of Health and NHS England. The Future in Mind report establishes a clear and powerful consensus about how to make it easier for children and young people to access high quality mental health care when they need it. It looks at whole system, multi-agency responses from early intervention to supporting children and young people with the most severe needs.

2. Current action to improve access to evidence based eating disorder treatment and continuity of care throughout a young person's care path.

NHS England is investing £30m per year for Clinical Commissioning Groups (CCG's) to develop and deliver evidence based community Eating Disorder services. This funding is in addition to resources already in place to deliver treatment for young people with eating disorders. In July 2015 NHS England published an access and waiting time standard and commissioning guidance on how the additional funds are to be used to commission evidence based community Eating Disorder services for children and young people

(<http://www.bing.com/search?q=access+and+waiting+time+standard+for+children+and+young+people+with+an+eating+disorder&src=IE-TopResult&FORM=IE10TR&adlt=strict>).

This is to support CCG's preparation to meet a new standard for evidence based eating disorder treatment to be delivered within a maximum of 4 weeks from first contact for routine cases and 2 weeks for urgent cases. The first target for the standard is to be implemented from April 2017-18.

The community eating disorder model of care sets out how evidence based advice, consultation and treatment is to be accessed easily by those who are concerned; this is to include self-referral for young people or concerned parents as well as school staff and GPs. The aim is to ensure that the broad and varying needs of a child or young person with an eating disorder, as well as the needs of their family or carer, are met as soon as need or concerns arise.

In your report you highlight the '*significant gaps in communication concerning the severity of her condition*' and how this contributed to the breakdown of care. The eating disorder guidance emphasises the role of community eating disorder services to provide oversight and support throughout a young person's care path including times of admission to a paediatric ward or inpatient CAMHS unit. CCG's are currently developing local plans for how they will enhance or develop community eating disorder services for children and young people and will be able to access funding from NHS England from September 2015.

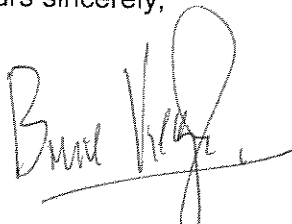
3. Work to improve links and communication between CAMHS and schools and improve mental health awareness and knowledge among school staff

Over the last few years there has been a range of initiatives to improve the understanding of school staff about mental health issues and to improve communication. These include:

- MindEd e-portal (<https://www.minded.org.uk/>) which includes e-learning sessions specifically on eating disorders to improve mental health awareness and knowledge among school staff.
- Department of Education's publication on Mental Health and Behaviour in Schools (<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>).
- Public Health England's guidance on Promoting Emotional Health and Wellbeing in Schools (<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>).
- NHS England are about to pilot an initiative with the Department for Education to develop a programme for single points of access in Tier 3 (specialist community) CAMHS and schools, testing it over at least 15 CCGs. The training will be for an identified member of staff from the NHS CAMHS team plus a member of the school staff and additional colleagues such as, Special Educational Need Co-ordinators, school nurses and counsellors. This is linked to a recommendation from Future in Mind. The Spring Budget allocated £1.5 million to support this pilot over the next year from July 2015 to June 2016.

NHS England is committed to improving children and young people's mental health services across the whole care pathway no matter who is the responsible commissioner. This will include young persons with eating disorders. We hope that the above information addresses your concerns and that this provides reassurance that NHS England is taking not only immediate necessary action but investing in both inpatient and community provision that affects a young person's care pathway within mental health.

Yours sincerely,



Bruce Keogh KBE, MD, DSc, FRCS, FRCP
National Medical Director
NHS England