

Professor Sir Bruce Keogh National Medical Director Skipton House 80 London Road SE1 6LH

Nicholas Rheinberg Senior Coroner Cheshire Area West Annexe, Town Hall, Sankey Street Warrington Cheshire WA1 1UH

4th August 2016

Dear Mr Rheinberg,

RE: Regulation 28: Report to prevent Future Deaths - Mr Kevin Dermott, HMP Risley

Thank you for your Regulation 28 Report which was issued on Monday 13 June 2016 following the inquest into the sad death of Kevin Dermott, who died at HMP Risley on 19 May 2014. I would like to express my deep sympathy to Mr Dermott's family.

Since 1 April 2013 NHS England is the organisation responsible for the commissioning of healthcare in prisons following the implementation of the Health and Social Care Act (2012). Mr Dermott spent his time from entering prison on 26 September 2012 in four prisons until his death on Monday 19 May 2014 which covers the transition of healthcare commissioning from Primary Care Trusts to NHS England commissioning hubs.

I wish to respond to your concern that the mental health facilities in prison were not sufficient enough to address the mental illnesses such as the deceased suffered. This includes concerns that there was seen to be inadequate consultant psychiatric support, lack of long-term care planning, lack of continuity of care and lack of hospital facilities to deal with acute psychiatric problems.

Since 1 April 2013 the commissioning of healthcare across the prison estate has under gone some major reprocurements, led by the local NHS England health and justice commissioning hubs. In some local areas commissioners have used a 'prime provider' model which gives the prime contractor responsibility for the management and delivery of the whole care pathway, with parts of the pathway sub-contracted to other providers. In other local areas commissioners have chosen to commission services on a "separate lots" model, whereby the commissioner retains more direct oversight of the individual services. Whatever the model local commissioners will always ensure that contractual compliance with the care pathway is in place.

Better integration of health care services within prisons has also been supported by the development of a national set of service specifications for primary care services (including GP and nursing services), mental health services and substance misuse services. The mental health service specification outlines the requirement for mental health services to provide an integrated stepped care model for mental health which enables patients to flow seamlessly between mild to moderate and severe and enduring stages based on clinical need and include the provision of a consultant psychiatrist. These service specifications were developed in December 2013 and set the outcomes and standards required from the services including long-term care planning and continuity of care. A planned review of the specifications is underway to respond to the Health and Well-Being Needs Assessments with substance misuse specification and mental health services for immigration removal centres underway and expected to be completed by the end of 2016. The review of the prison mental health specification will also align to the Ministry of Justice review of mental health in prisons as part of the prison reform agenda of which a date is to be set to commence the work. This will provide NHS England with an opportunity to ensure lessons learnt from deaths in custody inform our commissioning responsibilities.

NHS England is supporting the National Offender Management Services (NOMS) with their review of the Person Escort Record (PER). This revised form ensures that all current and relevant information, including health information, is held in one document and transfers with the prisoner from police custody through to reception into prison and during any subsequent prison transfer or release. The roll out of the paper form pilot is still ongoing and work is being undertaken to ensuring PER training will be available to all operational staff. This is expected to be launched by March 2017. The digital PER form is being piloted in a couple of prisons and NOMS are leading on this work.

During the financial year of 2014/15, a new data set in health & justice called 'The Health & Justice Indicators of Performance' (HJIPs) was introduced. The data set collects information on the delivery and outcome requirements NHS England are required to commission as part of their organisational responsibilities and includes outcomes data on mental health service provision. Formal reporting of this data commenced in 1 April 2016 with the first quarterly data due to be submitted to NHS England in July 2016. This data forms part of the quarterly contract meetings between the regional health and justice commissioners and the prime providers.

NHS England recognises that there is a national issue regarding lack of secure psychiatric beds which impacts on the timely transfer of acutely unwell prisoners. The Health and Justice commissioning team are working with colleagues in the NHS England Specialised Commissioning teams, who are responsible for secure mental health provision, and other partners in Department of Health, National Offender Management Services and Ministry of Justice and Home Office to look at this issue and try to resolve it.

NHS England Health and Justice and Specialised Commissioning teams have developed updated guidelines for the transfer of prisoners to and remission from High quality care for all, now and for future generations

secure mental health hospitals. This guidance is due for final consultation in autumn 2016 prior to publication and until then the Department of Health 2011 guidelines remain extant. The HJIPs data set also contains transfer timelines to mental health secure units.

I hope the information above addresses the concerns you have raised within your report and provide assurances that NHS England recognises your concerns and are working with a number of organisations to identify and hopefully address the issues in an adequate manner.

I am grateful to you for bringing these matters to my attention.

Yours sincerely,

Professor Sir Bruce Keogh KBE, MD, DSc, FRCS, FRCP

National Medical Director

NHS England