



Department  
of Health

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Mrs Louise Hunt  
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*Dear Mrs Hunt*

Thank you for your letter of 26 July 2016, following the inquest into the death of Patricia Ann Cleghorn. I was very sorry to hear of Mrs Cleghorn's death in December 2015 and wish to extend my sincere condolences to her family.

In your letter you refer to two matters of concern, the first of which is a matter for the Department of Health and others:

- Mrs Cleghorn could not be admitted to hospital as there were no inpatient beds available. I heard evidence at the inquest that had she been admitted it is unlikely she would have died when she did. The availability of acute mental health beds means the most vulnerable people are being cared for in the community with limited resources and care.

The second issue is one for the Trust to answer:

- Mrs Cleghorn had repeatedly stated that she would end her life by taking an overdose. Despite this she was allowed to self-medicate with amitriptyline, MST and Oramorph. No formal risk assessment was undertaken and staff failed to appreciate what drugs she had available to her.

The Government has made it clear that beds must always be available for those who need them.

In its 2015-16 Mandate to NHS England, the Government stated that it expects NHS England to make rapid progress, working with CCGs and other commissioners, to

help deliver our shared goal to have crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services.

The mental health Crisis Care Concordat (<http://www.crisiscareconcordat.org.uk/>) published in February 2014 describes the roles and responsibilities of public services for improving outcomes for people experiencing a crisis.

The Crisis Care Concordat makes it clear that local commissioners should commission a range of mental health services that allow beds to be available for a person in urgent need. Each local area in England has produced its own 'Mental Health Crisis Declaration'.

The availability of mental health beds is a matter for local commissioners and I understand that the response from Professor Sir Bruce Keogh, National Medical Director, NHS England, has addressed both this issue and the question of inadequate care provided by Crisis Resolution Home Treatment Teams. I understand NHS England's reply also includes a description of key developments in national policy in relation to adult mental health.

I hope this response is helpful and I am grateful to you for bringing the circumstances of Mrs Cleghorn's death to my attention.

*Yours sincerely*



**PHILIP DUNNE**