

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

Mrs Louise Hunt
HM Senior Coroner
Birmingham & Solihull
50 Newton Street
Birmingham
B4 6NE

15th September 2016

Your ref: 112029 – PATRICIA ANN CLEGHORN (LH/AS)

Dear Mrs Hunt

Re: Regulation 28 Report to Prevent Future Deaths - Cleghorn

Thank you for your letter of 26th July 2016 and the enclosed Regulation 28 Report to Prevent Future Deaths following the tragic death of Patricia Ann Cleghorn. I was very sorry to read of the circumstances around her death, and would like to express my deep condolences to her family.

It is important that every death by suicide of a patient under the care of NHS services is fully investigated and learnt from to prevent similar occurrences in the future; I note that this report has also been sent to Birmingham and Solihull Mental Health Trust to support this learning locally.

In terms of national policy, I want to highlight some key developments which I believe are relevant to the issues you have identified regarding the lack of available acute inpatient beds and inadequate care provided by the Home Treatment Team, which your report concludes were both contributory factors in Ms Cleghorn's death.

I understand that you recently received a letter dated 9th August from my colleague, [REDACTED], in response to a Regulation 28 report where you raised similar concerns following a another case involving a death by suicide. I want to acknowledge that much of the national work outlined in his response is also relevant here and therefore worthy of reiteration.

NHS England recently established an adult mental health programme which is taking a whole system approach comprising crisis, acute, and community/primary care work streams. The acute care work stream has been developed in response to a number of recommendations set out by the *Commission on Acute Adult Psychiatric Care* and *The Five Year Forward View for Mental Health*, and is particularly relevant to the concerns outlined in your report.

As noted in [REDACTED] recent letter, we are aware that Crisis Resolution Home Treatment Teams are not always resourced to fully meet their core functions in

line with the known evidence base. This includes providing intensive home treatment as a safe, genuine alternative to inpatient admission and appropriately gatekeeping acute mental health beds. Gatekeeping is the responsibility for deciding if a person should be admitted as an in-patient, and should include an assessment of whether the person is suitable for home treatment. Where the clinical judgement is that a person's acuity is such that they require an inpatient admission, then they should be able to access a bed. As set out in the *Five Year Forward View for Mental Health*, we are committed to ensuring that all areas have Crisis Resolution Home Treatment Teams providing a high-quality, 24/7, community-based crisis response and intensive home treatment in line with clinically based evidence by 2020/21. This commitment is supported by over £400 million of investment following the Government's Autumn 2015 Spending Review, which will be made available to local areas over four years from 2017/18, and is intended to address the considerable pressure and high bed occupancy in the acute mental health pathway.

Further, we are working with the National Collaborating Centre for Mental Health at the Royal College of Psychiatrists to develop a series of evidence-based treatment pathways for mental health care with accompanying commissioning support tools. This includes the development of an acute care pathway comprising a comprehensive set of quality standards, which is planned for completion within 2016/17. The work involves a range of multi-agency experts, including clinicians, social workers, service managers, service users and carers, and will focus on access to care, patient safety, patient experience and clinical outcomes. The scope of the pathway comprises both inpatient and community settings, reflecting the need to ensure services are commissioned and delivered in the context of a whole system approach based on clinical need and the safe management of patients. As such, there will be significant focus on the safe provision of alternatives to admission, including 24/7 intensive home treatment, and system-wide demand and capacity management, which promotes the provision of care close to home and in the least restrictive appropriate setting, increasing the availability of in-patient beds for those that need them. This work will draw on learning from identified areas of best practice such as North East London, Bradford and Sheffield, with the aim of spreading innovation across the country.

In addition to the work currently being progressed by the acute care work stream, *The Five Year Forward View for Mental Health* set the national ambition of significantly reducing the number of people taking their own lives. To this aim, all Clinical Commissioning Groups will be expected to contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners by 2017. This expectation has been underlined in guidance for local areas regarding the development of their Sustainability & Transformation Plans and will be supported by further national investment of £25 million from 2018/19, which is additional to the £400 million identified for expanding Crisis Resolution Home Treatment Teams.

In line with recommendation 57 of *The Five Year Forward View for Mental Health*, NHS England is working with NHS Improvement and the Care Quality Commission to ensure that learning from all deaths by suicide of people in the care of NHS services is used to try to prevent repeat events. Moreover, NHS

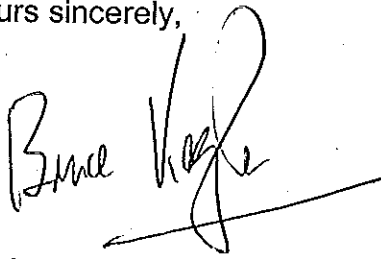
High quality care for all, now and for future generations

England will continue to play its part in wider national partnership work as a member of the Department of Health's National Suicide Prevention Strategy Advisory Group.

For further detail on how the transformation of mental health services will be delivered over the next five years, please see *Implementing the Five Year Forward View for Mental Health* (<https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>), published by NHS England on 19th July.

Thank you for bringing this matter to my attention.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Bruce Keogh', with a long horizontal stroke extending to the right.

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