

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

Dr Elizabeth Emma Carlyon
Senior Coroner for Cornwall & Isles of
Scilly
The New Lodge
Newquay Road
Penmount
TRURO
TR4 9AA

6th January 2017

Dear Dr Carlyon,

**Re: Regulation 28 Report to Prevent Future Deaths - David Knight,
deceased**

Thank you for your letter of 14th November 2016 and the enclosed Regulation 28 Report to Prevent Future Deaths following the tragic death of David Knight. I was very sorry to read of the circumstances around David's death, and would like to express my deep condolences to his family.

Every death by suicide of a patient under the care of NHS services is deeply regrettable and must be fully investigated and learnt from to prevent similar occurrences in the future - I note the letter from Kernow Clinical Commissioning Group providing assurance that the key issues identified during the inquest into Mr Knight's death are being addressed locally in Cornwall.

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 the reliance on out of area admissions for people requiring inpatient care, which your report concludes had a bearing on Mr Knight's death.

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* (February 2016) and *The Five Year Forward View for Mental Health* (February 2016), and is particularly relevant to the concerns outlined in your report.

The work stream's key commitments include working with relevant partners to develop access and quality standards for acute mental health care. Integral to

High quality care for all, now and for future generations

these standards is the expectation that care is provided in the least restrictive manner and as close to home as possible, with the practice of sending people out of area for non-specialist acute inpatient care due to local acute bed pressures eliminated entirely by 2021. These commitments recognise the importance of continuity of care and close proximity to existing support networks on the experience and clinical outcomes for people requiring acute mental health care.

To deliver on these commitments, NHS England is working with the National Collaborating Centre for Mental Health (NCCMH) at the Royal College of Psychiatrists (RCPsych) to develop an evidence-based treatment pathway and accompanying commissioning support tools for adult acute mental health care from referral through to discharge. This work is led by a multi-stakeholder Expert Reference Group (ERG) convened by the NCCMH involving patient experts, carers, and professionals from different NHS services, social care, public health, policing and the voluntary sector. As noted in the report published by *The Commission on Acute Adult Psychiatric Care*, the problems with accessing acute psychiatric care are not just a reflection of the number of beds, but the result of system-wide issues associated with inadequate community-based provision, poor multi-agency and partnership working, which all increase pressure on the acute care system. As such, 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. It has a focus on the safe provision of alternatives to admission, transition and interface with other services, multi-agency working, involvement of carers, 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 inpatient beds for those that need them.

This work will draw on and share learning from identified areas of best practice such as Bradford and Sheffield that have managed to significantly improve both acute system flow and quality of care through multi-agency working and taking a whole system approach when redesigning their local acute care pathways. Significantly these areas have completely eliminated acute out of area placements (OAPs) whilst also reducing their bed numbers and average bed occupancy, yielding significant financial savings which have been reinvested to continue local service improvement.

We aim to publish the acute evidence-based treatment pathway and accompanying commissioning support tools by April 2017. To support the implementation of the pathway locally, NHS England is committed to ensuring that all areas have Crisis Resolution Home Treatment Teams (CRHTTs) 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 pressures and high bed occupancy in the acute mental health pathway.

Further, we have been working with the Department of Health, NHS Digital and NHS Improvement to gain a better understanding in relation to where and why out of area placements happen. As a first step, we have published a national definition of an acute OAP following extensive consultation. As well as the distance patients have to travel, the definition is about whether someone is admitted to an inpatient bed where their usual network of support (e.g. family, pets, care coordinator from their community mental health team) is unable to engage as often as if they were admitted in a local bed. Further to this, we have recently established the first national data collection dedicated to better understanding non-specialist adult acute OAP activity. The first report was published in December 2016, but we expect to have a reliable national baseline position for OAPs by the end of Q4 16/17, when data quality has improved after the adjustment period following the introduction of the new collection is over. Going forwards, this will allow us to monitor progress against the national ambition to eliminate inappropriate OAPs for non-specialist adult acute mental health care by 2020/21, enabling targeted support to be provided to local areas as required.

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 support this aim, all Clinical Commissioning Groups are expected to contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners by 2017 in line with guidance provided by Public Health England (available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf). This expectation has been underlined in guidance for local areas regarding the development of their Sustainability & Transformation Plans, and the NHS planning guidance for 2017-19, 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.

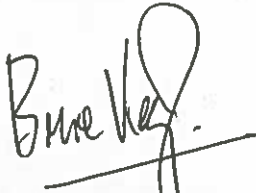
In line with recommendation 57 of *The Five Year Forward View for Mental Health*, NHS England is working with NHS Improvement and the Care Quality Commission to ensure that learning from all deaths by suicide of people in the care of NHS services is used to try to prevent repeat events. Moreover, NHS

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 19 July 2016.

I trust you find this information is helpful.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Bruce Keogh', with a horizontal line drawn through the bottom of the signature.

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