Department of Health & Social Care
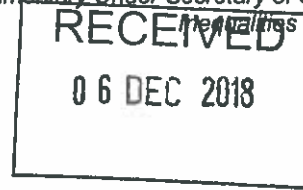
From Jackie Doyle-Price MP
Parliamentary Under Secretary of State for Mental Health,
Inequalities and Suicide Prevention

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Your Ref: 9930

Our Ref: PFD-1145655

Christopher John Woolley
HM Assistant Coroner, South Wales Central
Coroner's Office
The Old Courthouse
Courthouse Street
Pontypridd CF37 1JW

3   December 2018

Dear Mr Woolley,

Thank you for your correspondence of 10 August to the former Health Secretary, Jeremy Hunt, about the death of Ms Deidre Harvey. I am replying as Minister with portfolio responsibility for mental health and I am grateful for the additional time in which to do so.

Your report directs two matters of concern to the Secretary of State for Health which I will address in turn giving the policy position in England. You will appreciate that responsibility for the NHS in Wales is a devolved matter.

Firstly, on the management of physical health care within mental health settings, my officials have made enquiries with NHS England.

Improving the physical healthcare of people with serious mental illness in both inpatient and community settings is a key priority for NHS England as set out in the *Five Year Forward View for Mental Health*[1]. As part of this programme, NHS England wants to ensure that individuals cared for on inpatient wards have access to the same quality of physical healthcare as they would in community settings.

NHS England has committed to leading work to ensure that by 2020/21, 280,000 more people living with serious mental illness have their physical health needs met by increasing early detection and expanding access to evidence based physical health

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[1] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

care assessment and intervention each year. This is to be delivered across primary and secondary care settings.

To date, NHS England has overseen significant progress to improve physical healthcare for people with serious mental illness. Within inpatient and community mental health providers this has been driven by the national *Improving physical healthcare to reduce premature mortality in people with severe mental illness*[2] CQUIN (commissioning for quality and innovation) and implementation support.

Also highlighted in the *Five Year Forward View for Mental Health* is the lack of appropriate data sharing to enable organisations to identify co-morbidities, anticipate problems and plan care in a holistic fashion. People with poor mental health may require primary care, secondary physical care and social care, as well as mental health services, but we acknowledge that the lack of linked datasets hinders effective provision.

The Summary Care Record (SCR) is an attempt to address this by including key primary care information about an individual such as medication, allergies and adverse reactions. However, it does not routinely include care plan information or allow access to mental health care records (or physical care records) which is a significant missed opportunity.

The *Five Year Forward View for Mental Health* acknowledged that more work is needed to ensure data can be linked across public agencies, to promote integration of care.

To assist with the safe and secure sharing of data, a number of professionally endorsed interoperability standards have been defined. This includes being able to share mental health discharge summaries from acute to other care settings.

NHS England, in conjunction with the Local Government Association, has also established the *Local Health and Care Record*[3] initiative that has commenced with five exemplar sites covering around 40 per cent of the population. These exemplars will look to establish a longitudinal record of care for access and contribution by care professionals and patients. Its use will be demonstrated through a number of priority care pathways such as Frailty, Delirium, Cancer and Long Term Conditions.

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[2] https://www.england.nhs.uk/mental-health/resources/smi/

[3] https://www.england.nhs.uk/wp-content/uploads/2018/05/local-health-and-care-record-exemplars-summary.pdf

Turning to your second matter of concern, on the removal of ligature points in mental health settings, it is for mental health providers in England to ensure they have policies in place to effectively assess and manage environmental risk in line with available guidance[45].

NHS organisations in England are expected to have ligature risk assessment policies in place that allow them to assess the risk, mitigate the risk and prioritise removal of the risk once a ligature point has been identified in any facility. The principles of ligature point management should consider multiple environmental, clinical and operational health and safety factors such as height, access, room usage, patient population risks including infection control, dementia and self-harm, plus staff resource and the ability to adequately observe patients. This will include ligature point removal, or adequate controls with a record of the agreed mitigations put in place.

You will be interested to note that NHS Improvement issued an Estates and Facilities Alert on 19 September 2018 on the '*Assessment of ligature points*'. The alert has not been made available in the public domain for patient safety reasons as it was deemed that it may give ideas to people with intention to self-harm. However, it has been placed on the central alert system operated by the Medicines and Healthcare products Regulatory Agency (MHRA) (https://www.cas.mhra.gov.uk/Home.aspx) and so is available to providers of services, including in Wales.

Finally, I am aware that the MHRA and NHS Improvement are responding separately to your matter of concern on the monitoring of patients who are prescribed Hydroxychloroquine. I hope that response is helpful.

Thank you for bringing your concerns to our attention.

JACKIE DOYLE-PRICE

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[4] https://www.gov.uk/government/publications/environmental-design-guide-adult-medium-secure-services

[5] https://www.gov.uk/government/publications/best-practice-design-and-planning-adult-acute-mental-health-units