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9th May 2018

Dear Dr Carlyon,

Re: Regulation 28 Report to Prevent Future Deaths following an inquest concerning the death of Mr Thomas Edward Curtin (20th August 2016)

Thank you for your Regulation 28 Report to Prevent Future Deaths ("Report") dated 14th March 2018 concerning the death of Mr Thomas Edward Curtin on 20th August 2016. I would like to express my deepest condolences to Mr Curtin's family.

Your Report concludes that Mr Curtin's death was a result of heroin intoxication after absconding whilst on S17 leave from hospital.

Following the inquest, you raised a concern in your Report to NHS England regarding the requirement for specialist mental health providers to respond to referrals within a given timeframe. Evidence presented at the inquest suggested that this requirement only applies to public providers of low and medium security facilities and not to private providers of 'Locked Rehabilitation Units'.

All specialised mental health services¹ commissioned directly by NHS England, including adult low and medium secure services are commissioned using a standardised contract which requires providers to respond to referrals from secondary mental health services within a given timeframe. This requirement applies to both public and private providers of NHS England specialised commissioned care.

Some specialist mental health services, including specialist mental health rehabilitation services, are the commissioning responsibility of local Clinical Commissioning Groups ("CCG") and therefore are not subject to similar national frameworks requiring set response times. This enables services to be commissioned in response to local population need, local priorities and plans. As such, the contractual requirement to respond to referrals within a given time would be determined by the commissioning CCG and therefore subject to local variation.

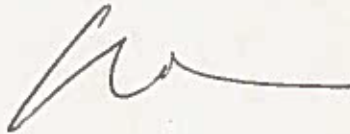
¹ <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-cl>


NHS England recognises that there is a significant need to understand local variance in relation to the provision and availability of specialist mental health rehabilitation services nationally to enable improvements in the consistency and quality of care. This need was recently highlighted by the CQC's report, *Mental health rehabilitation inpatient services*², published in March 2018, which concluded that there is a wide variation between CCG areas' use of rehabilitation beds. Findings also emphasised a notable difference in clinical continuity where rehabilitation services are independently provided compared with those that are NHS provided; a person is much more likely to be dislocated from their usual care and support network when receiving rehabilitation in an independent provider, often experiencing a longer length of stay further away from home.

In response to the report's findings and recommendations, NHS England is working with the relevant Arm's-length bodies ("ALBs") to scope and cost a programme of work focused on specialist mental health rehabilitation. It is likely that this will aim to improve national-level understanding of current CCG commissioned rehabilitation services and support local areas to plan and commission the rehabilitation pathway more effectively in future in order to better manage demand and avoid lengthy waits for individuals who need the level of care, treatment and support that an inpatient rehabilitation unit can provide. In developing and confirming scope we will build on recent progress in understanding and supporting areas to address demand and capacity challenges within their local acute mental health systems, towards the ambition of eliminating acute non-specialist out of area placements by 2021.

Thank you for bringing these issues to my attention and I hope the above response provides you with some assurance that NHS England is taking appropriate action.

Yours sincerely,




Deputy Medical Director and Director of Primary Care
NHS England and Deputy Medical Director

² https://www.cqc.org.uk/sites/default/files/20180301_mh_rehabilitation_briefing.pdf