



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: 126699- Stephen Anthony Kennedy
Our Ref: PFD-1166496

Ms Louise Hunt
HM Senior Coroner, Birmingham & Solihull
Coroner's Court
50 Newton Street
Birmingham B4 6NE

8th April 2019

Dear Ms Hunt.

Thank you for your correspondence of 8 February 2019 to the Secretary of State about the death of Mr Stephen Anthony Kennedy. I am replying as Minister with portfolio responsibility for mental health services.

Firstly, I would like to say how sorry I was to read of the circumstances of Mr Kennedy's death. I appreciate his loss must be extremely distressing for his family and loved ones and I offer my sincerest condolences. It is essential that we look to make improvements where we can to ensure the safety of healthcare and prevent future deaths and I am grateful to you for bringing these matters to my attention.

Your report raises matters of concern around access to psychological therapies and the availability of inpatient beds for those requiring mental health treatment.

You will know that the provision of mental health services is a matter for the NHS locally, except where specialised services are required and NHS England is the responsible commissioner. You have issued your report to the Birmingham and Solihull Mental Health NHS Foundation Trust and the Birmingham and Solihull Clinical Commissioning Group (CCG), and I expect the local NHS to take firm action to respond to the concerns and learn from Stephen's death to ensure the safety of healthcare services.

I would like to explain the action we are taking at a national level to improve access to treatment for those with severe mental illness.

On the availability of beds in the acute mental health sector, we are aware that the number of mental health beds overall have reduced and this is in large part due to the growth of care in the community. It may also be of interest to note that mental health bed occupancy rates have remained stable at between 87.1 per cent and 90.8 per cent (from Quarter 1, 2010-11 to Quarter 3, 2018-19), and that latest data for Quarter 3, 2018-19 shows a bed occupancy of 88.5 per cent. However, it remains the responsibility of local commissioners to determine the levels of service provision based on the needs of their local populations, and I note that the NHS in Birmingham and Solihull has taken action to commission a further 32 inpatient beds.

To support the NHS, we have committed to a comprehensive expansion of mental health services and are backing this up with an additional £2.3billion investment in real terms by 2023-24. This commitment is made clear in the NHS Long Term Plan¹, published in January 2019 by NHS England.

With regard to access to psychological therapies, on a national level, I would like to assure you that we recognise the importance of both psychological interventions and, where clinically appropriate, access to National Institute for Health and Clinical Excellence (NICE) concordant psychological therapy for people receiving secondary mental health care in both inpatient and community settings.

A matter of concern in your Report is that patients cannot access psychological therapy while under the care of the Home Treatment Team (HTT). By 2020/21, Crisis Resolution and Home Treatment Teams (CRHTTs) should provide a 24 hour, seven day community-based mental health crisis response and offer intensive home treatment as an alternative to acute inpatient admission. CRHTTs should aim to deliver care in line with quality benchmarks described in the University College London CORE fidelity criteria², a quality improvement tool.

Significantly, this criteria includes the provision of brief psychological intervention during an initial urgent and emergency mental health response and, where required, ongoing therapeutic psychologically-informed care delivered by a multi-disciplinary home treatment team, benefitted by input from clinical psychologists.

Over £400million of supporting investment is being made available over four years from April 2017 for the expansion of CRHTTs, in line with CORE criteria.

¹ <https://www.longtermplan.nhs.uk/>

² <https://www.ucl.ac.uk/core-resource-pack/fidelity-scale>

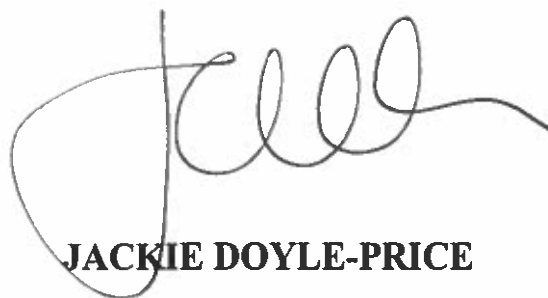
Overall, the NHS long-term plan sets out a programme of expansion and improvement for mental health services to deliver parity of esteem between mental and physical illness. It also sets out proposals on building increased integration between primary and secondary care so that those experiencing mental ill-health, including those with complex mental health needs or a diagnosis of personality disorder, can access the right support.

A new community-based offer for people with Severe Mental Illness will include access to psychological therapies; improved physical health care; employment support; personalised and trauma-informed care; medicines management; and support for self-harm and coexisting substance use. This will give 370,000 adults and older adults greater choice and control over their care, and support them to live well in their communities.

Crisis care is also a key element of the Long Term Plan and this includes establishing a national, single point of contact, for anyone experiencing mental health crisis through the NHS111 service. This means that people in crisis will be able to access a trained mental health professional when they need to.

Finally, the long-term plan reaffirms the NHS's commitment to make suicide prevention a priority over the next decade, and sets out further measures for suicide prevention, including full coverage across the country of the existing suicide reduction programme.

I hope this information is helpful in setting out our commitment to improve access to mental health services and the measures being taken to support the NHS to deliver high quality, effective services for those experiencing mental ill-health.



JACKIE DOYLE-PRICE