



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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Mr Andrew Bridgman  
HM Assistant Coroner, Manchester South  
HM Coroner's Court  
1 Mount Tabor Street  
Stockport SK1 3AG

8<sup>th</sup> May 2019

Dear Mr Bridgman,

Thank you for your correspondence of 12 February about the death of Miss Heather Louise Carey. I am grateful for the additional time in which to reply.

Firstly, I would like to say how very sorry I was to read of the circumstances of Miss Carey's death. I appreciate her loss must be extremely distressing for her family and loved ones and I offer my sincerest condolences.

Your report offers significant learning to the local NHS and I expect firm action to be taken by both the local commissioner and provider of services to respond to the concerns raised and the failings identified.

I am aware that the Tameside and Glossop Clinical Commissioning Group (CCG) has responded to you with information on the action it is taking locally to improve access to secondary care psychological therapy. This includes the development of a new model of psychological therapy for people with complex mental health needs, as well as increased investment to support improved access to psychological therapies. In addition, the CCG is working with the Pennine Care NHS Foundation Trust to agree a Performance and Outcome Framework for 2019-20 to ensure activity, waiting times and outcomes are reported and monitored.

I should make clear that the 18-week waiting time of which you were advised at inquest relates to the Improving Access to Psychological Therapies (IAPT) programme. The evidence-based psychological therapies provided through IAPT are designed to offer intervention for adults with common mental health problems, such

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

The Five Year Forward View for Mental Health<sup>1</sup>, published in 2016, recommended investment to increase access to psychological therapies for people with severe mental illness, namely psychosis, bipolar disorder and personality disorder. This ambition is reiterated and built upon in the NHS Long Term Plan<sup>2</sup>, published in January 2019.

The Improving Access to Psychological Therapies – Severe Mental Illness (IAPT-SMI) sites have demonstrated the positive impact of access to NICE-recommended psychological interventions on experience, outcomes and reduced healthcare utilisation. NHS England and Health Education England are working to build on the IAPT-SMI programme and ‘scale-up’ so that a greater number of people have access to psychological therapy as a core component of the adult mental health services offer.

This year, funding is being made available to test new models of community mental health care. This includes testing ways to improve timely access to courses of psychological therapies for people with psychosis, bipolar disorder and personality disorder. In addition, NHS England will test four-week waiting times to appropriate care, to help build our understanding of how best to introduce ambitious but achievable improvements to access, quality of care and outcomes.

NHS England is expected to publish shortly a Community Mental Health Framework to support local areas in the transformation of community mental health services. This will include a focus on ensuring NICE-recommended psychological therapies are offered (where clinically appropriate) in the community.

Finally, the NHS Long Term Plan, in accordance with the recommendations in the Independent Review of the Mental Health Act<sup>3</sup>, commits to the creation of therapeutic inpatient environments which provide the best opportunity for recovery. To ensure the provision of purposeful, patient-orientated and recovery-focused inpatient care, NHS England is investing to improve the therapeutic skill mix of staff. For example, allied health professionals and psychological professions such as occupational therapists, psychologists and physiotherapists, as well as peer support workers will enable therapeutic interventions to be delivered more flexibly across

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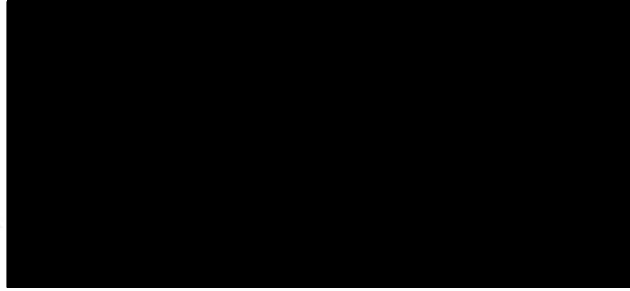
<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>2</sup> <https://www.longtermplan.nhs.uk/>

<sup>3</sup> <https://www.gov.uk/government/groups/independent-review-of-the-mental-health-act>

inpatient and community settings, facilitating timely, clinically appropriate discharge, as well as continuity of care pre- and post-discharge.

I hope this information is helpful and provides assurance that measures are being taken to improve access to psychological therapies for those with severe mental ill health. I am grateful to you for bringing these matters to my attention.



**JACKIE DOYLE-PRICE**

