



National Medical Directorate
NHS England and NHS Improvement
Skipton House
80 London Road
LONDON
SE1 6LH

Ms Emma Brown
Area Coroner for Birmingham and
Solihull
The Coroner's Court
50 Newton Street
Birmingham
B4 6NE

Telephone: [REDACTED]

Email: [REDACTED]

20th September 2019

Dear Ms Brown,

Re: Regulation 28 Report to Prevent Future Deaths – David Jonothan Jukes (09/10/2018)

Thank you for your Regulation 28 Report dated 12 July 2019 concerning the death of David Jonothan Jukes on 09 October 2018.

I was very saddened to read of the circumstances surrounding Mr Jukes's death and would like to extend my condolences to his family and loved ones during this very difficult time.

Please note this response will address the matters of concern from a national level and we would expect the local NHS agencies, which I note are copied in to the letter, to address the local concerns raised.

Sufficient information regarding arrests was not provided to liaison and diversion practitioner:

NHS England and NHS Improvement will work with police forces to ensure that all relevant information from a police perspective is given to the liaison and diversion practitioner, including the nature of the detained person's presentation at the point of arrest, if relevant.

We will commit to a national event by the end of March 2020 to debrief on this matter and any other information sharing/exchange issues that have been raised in other reports. We will invite liaison and diversion practitioners as well as NHS Commissioners and police representatives in order to share lessons learnt. Additionally, there has been work to address this concern at a regional level:

- NHS England and NHS Improvement has been working with West Midlands Police regarding their new IT system ('Connect') which the police are implementing in the summer 2020
- Connect will be available in custody
- As part of its development NHS England and NHS Improvement has supported the three liaison and diversion teams (Coventry, Black Country and Birmingham) who will collaborate with West Midlands Police on a specific liaison and diversion section
- Once implemented, liaison and diversion teams and police colleagues will have increased access to immediate and relevant information. It is envisaged that this will not only improve the safety of individuals being managed but also add quality to the referral/identification and priority of those coming into custody.
- All three liaison and diversion teams will have access to partitioned parts of the police system that helps them understand the context of the persons arrival into custody and more information about historical custody appearances.
- All liaison and diversion teams have had information sharing training and this training offer has also been made to Police Healthcare providers

There was a lack of communication between different mental health trusts:

The NHS Long Term Plan is committed to ensuring that by 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments. Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and Local Health and Care Records will cover the whole country.

As part of this, a number of steps are being taken, led by NHS England /Improvement and NHSX, to enable the safe and secure sharing of digital records. NHSX brings together teams from the Department of Health and Social Care, and NHS England and NHS Improvement to drive digital transformation and lead policy, implementation and change. The Local Integrated Health and Care Records programme, led by NHSX, will provide strategic vision for safely and securely sharing data across different NHS and partner organisations. The aim of the programme is to create an information sharing environment that helps our health and care services to continually improve the care that we deliver. This includes ensuring that health and care professionals have access to a comprehensive care record with the information they need to inform their care decisions, when and where they need it. As well as empowering people to look after themselves better and make informed choices about their own health and care and being able to analyse the data to enable more precise and actionable interventions and support the development of population health management. NHS England is also working with the mental health Global Digital Exemplar programmes to develop a range of basic and more

advanced tools to support decisions on care across the pathway, this includes the identification of need, detection of risk and the application of best practice.

In parallel to this, NHS England and NHS Improvement and NHS X are working to improve the availability of mental health information and evidence-based resources online, this includes local crisis service directories.

Additionally, the national service specification for liaison and diversion services clearly outlines expectations relating to providers' IT systems. NHS England and NHS Improvement are updating N3 connections to Health and Social Care Network (HSCN) connections to ensure that liaison and diversion providers can access relevant health information including Summary Care Records. HSCN has been procured in 101 police custody suites, and 84 courts and the rollout of this procurement will commence in early 2020.

NHS England and Improvement will produce an information sharing protocol for the NHS and Independent sector Mental Health Trusts that are co-commissioned with the local NHS Clinical Commissioning Groups (CCGs) to deliver services to the Armed Forces. This will ensure that patient information can be shared thereby providing a comprehensive and simultaneous patient record. This protocol will be in place and operational by 1 April 2020. Where NHS England and NHS Improvement Armed Forces co-commission mental health services with CCGs we will strengthen the commissioning relationships already in place and work through an integrated approach to ensure that the appropriate Quality and Safety systems are in place to identify risk and have mechanisms to respond. NHS England and NHS Improvement Quality and Safety meetings are currently held with the providers only. We recognise the importance of integrated commissioning and, working with our local CCGs, will ensure that from April 2020 the meetings held with providers of services both the relevant CCG and NHS England commissioners will be invited to attend.

NHS England and NHS Improvement recognise that quality assurance plays a vital role in ensuring patients receive high quality, safe care and therefore intends to further strengthen the Quality Assurance role within a dedicated Armed Forces Quality and Safety Manager. This role will have the responsibility of involvement and oversight of reviews and assurance processes liaising with internal and external stakeholders. The post has been built into the new Operating Model for NHS England and NHS Improvement and we will look to appoint to this position over the next few months in line with the organisational transition programme

Resourcing levels in the HTT team:

You raised a significant concern that a lack of sufficient capacity within the Birmingham and Solihull Mental Health Foundation Trust (BSMHT) Home Treatment Team was resulting in staff being unable to fulfil their professional obligations to their patients. This includes maintaining good record keeping which is critical to patient safety, particularly to support people who come into contact with other parts of the system, including the emergency services.

Ensuring that all areas have sufficient resource to deliver the core functions of a Home Treatment Team 24/7 is a key national commitment, first established in the

publication of the *Five Year Forward View for Mental Health* and then reiterated in the Long Term Plan (LTP) for the NHS earlier this year. Nationally, it is expected that the whole country will have met this ambition by the end of March 2021, resulting in full coverage by 24/7 teams which have the capacity to be highly responsive and to offer genuinely intensive support as an alternative to hospital.

To support the delivery of this ambition, NHS England and Improvement have made significant new funding available (in addition to funding already allocated to CCGs since 2016) over the next two years via uplifts to local CCG baselines and through the targeted allocation of additional centrally held transformation funds. We have just finished the process of allocating the centrally held funding, which will be released to Sustainability and Transformation Partnerships (STPs) on a quarterly basis. Overall the additional funding available nationally in 2019/20 and 2020/21, primarily intended for ensuring 24/7 coverage of crisis resolution and intensive home treatment (CRHT) functions, is £80m and £140m respectively. More information on the funding profile is available in the [Mental Health Implementation Plan](#) for the NHS Long Term Plan. The transformation funding has been allocated on a 'fair shares' basis and awarded following the submission of local proposals that demonstrated how each STP will deliver the ambition of 24/7, properly resourced CRHT functions across their population. Over the next two years we will be assuring the use of this dedicated funding to ensure progress towards the 2021 ambition.

We are aware that Birmingham and Solihull Mental Health Trust are experiencing capacity constraints across their crisis and acute mental healthcare pathway, and they have identified a number of areas for improvement which they are working to address. We have provided some direct support to the trust in the form of clinically-led sessions focussed on effective crisis response and acute pathway capacity management. They are also part of a small group of STPs nationally which are subject to a more in-depth assurance process related to their progress against the ambition to reduce acute out of area placements. As high out of area placements are another indicator of broader capacity pressures across a crisis and acute mental health system, this assurance process will include a particular focus on the effective use of transformation funding to ensure that local CRHT functions are delivered in line with the evidence base. Further, noting the report's similar themes to the 7 reports issued by the Birmingham and Solihull Coroners on 4th October 2018 regarding system capacity, we will use our direct contact with the Trust and STP over the coming months to explore and address relevant patient safety concerns, involving clinical expertise in both executive level discussions and an implementation support workshop focussed on transforming the crisis pathway.

Your report acknowledged that at the time of the inquest there was evidence of work already underway to improve the local HTT's capacity, including introducing a system to prevent inappropriate referrals and the funding of further two CPNS for HTTs within BSMHT. However, you also noted concerns that these changes were not sufficient to ensure lives are not put at risk in future. The new funding (described above) committed via the NHS LTP for crisis resolution and home treatment teams alone is significant and should enable the further expansion required in BSMHT's HTT to ensure it is operating effectively and safely. It is important to note that this funding is just one small portion of a large increase in investment in crisis, acute and community services for adult with severe mental illness (SMI) profiled over the next 5

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years. This wider system funding will be critical in helping all areas to rebalance their provision, ensuring more people can be treated effectively in the community and enabling demand to be met safely and sustainably.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Stephen Clark", with a horizontal line underneath.


Medical Director for Clinical Effectiveness
NHS England and NHS Improvement