



39 Victoria Street London SW1H 0EU



Coroner Graeme Irvine

HM Acting Senior Coroner, East London Walthamstow Coroner's Court Queen's Road Walthamstow E17 8QP

Via email 26 October 2021

Dear Mr Irvine.

Thank you for your letter of 13 August 2021 about the death of Stuart Tokam. I am replying as Minister with responsibility for mental health, and am grateful for the additional time in which to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Tokam's death and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

I am aware from the Trust's response to you that the Trust is undertaking quality improvement work to look at how it manages demand and capacity, including triage processes and clinical review. Clinical involvement and leadership in referral screening has increased and new processes have been introduced. In addition, the Trust has introduced consolidated waiting lists to its Complex Depression, Anxiety and Trauma Service, with the aim of achieving greater transparency and parity in waiting times. The CDAT service is supported by a 'Duty clinician system' that can respond as necessary to escalation of risk.

It is essential that the Trust takes all the necessary learnings from Mr Tokam's death and I am encouraged that it has taken these steps.

You may wish to note that the Care Quality Commission, the independent regulator for quality, will review the Trust's response to your report, as part of its ongoing monitoring, and consider whether any further action is required.

At a national level, NHS England and NHS Improvement (NHSE/I) recognise that considerable improvements are needed to reduce the treatment gap in mental health services, and ultimately ensure that everyone that needs high quality care and support can access it in a timely manner. The importance of this is reflected in the commitments set out in NHS' Long Term Plan¹ to improve community mental health, so people receive the support they need to help them stay well.

¹ https://www.longtermplan.nhs.uk/online-version/

All local areas have received funding to develop, and begin delivering, new models of care that integrate primary care and community mental health services for adults with severe mental health problems. The national ambition for these new models is set out in the Community Mental Health Framework², which aims to ensure all people requiring support, care and treatment in the community have a co-produced, personalised care plan in place which takes into account all of their needs. By the end of 2023/24, all areas will have one of these models in place, with care provided to at least 370,000 adults per year nationally.

While the level of planning and coordination of care will vary, depending on the complexity of an individual's needs, one person should have responsibility for coordinating care and treatment, and this coordination role can be provided by workers from different professional backgrounds. This is also described in the recently published Care Programme Approach – Position Statement³ which sets out how community mental health services should be working towards a minimum standard of high quality care for everyone in need of community mental health support, including ensuring everyone has a named key worker with a multi-disciplinary team approach to both assess and meet the needs of patients.

These improvements to community mental health services will give people greater choice and control over their care. They will also improve access to a range of interventions and support, including psychological therapies, physical health care, employment support, medicines management and support for self-harm and coexisting substance use, with care being increasingly personalised and trauma-informed. The new models should also ensure appropriate links are made with other mental health services (such as inpatient and crisis services), to ensure patients have a seamless experience of care and that their needs can be met in the most appropriate setting.

In relation to access, NHSE/I is developing and consulting on a potential new access and waiting time standard for adult and older adult community mental health services. The introduction of this new standard could be a powerful lever to address key challenges in the delivery of our NHS Long Term Plan ambition for adults with severe mental illnesses, including addressing historical underinvestment, disruption to delivery as a result of the pandemic, and increasing concern about long waits in some pathways. The new standard would measure the number of people presenting to services receiving help within four weeks, and is relevant to your concern about the timely provision of assessment and treatment. This new waiting time standard would be part of a range of metrics to enable the timeliness and quality of care to be monitored

Reducing suicide and preventing self-harm remains a key priority for the Government and the Department is working closely with NHSE/I and UK Health Security Agency to support local areas to deliver multi-agency suicide prevention plans.

As part of the £2.3billion settlement for mental health in the NHS Long Term Plan, the Department is providing targeted and ring-fenced funding to integrated care systems (ICS) so they can deliver their multi-agency plans. This includes suicide prevention activities, initiatives to prevent self-harm and putting in place postvention bereavement support.

² https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf

³ https://www.england.nhs.uk/wp-content/uploads/2021/07/Care-Programme-Approach-Position-Statement_FINAL_2021.pdf

In order to support ICSs, there is a bespoke national suicide reduction support package with the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) and National Collaborating Centre for Mental Health. Key components of the programme include supporting services with safety planning, and using resources such as NCISH's 'Safer services: A toolkit for specialist mental health services and primary care', which includes guidance on depression.

I hope that my response provides the necessary information to address your concerns.

Yours sincerely,

Gillian Keegan