

From Gillian Keegan MP Minister of State for Care and Mental Health

> 39 Victoria Street London SW1H 0EU

Ms Veronica Hamilton-Deeley HM Senior Coroner, Brighton and Hove HM Coroner's Office Woodvale Lewes Road Brighton BN2 3QB

26 October 2021

Dear Ms Hamilton-Deeley

Thank you for your letter of 28 June 2021 about the death of Nicholas Spooner. I am replying as Minister with responsibility for mental health services and I am grateful for the additional time in which to do so.

I would like to start by saying how greatly saddened I was to read the circumstances of the death of Mr Spooner. I can appreciate how upsetting his death must be for his family and loved ones.

Your report raises important concerns regarding the availability of mental health services for those who need support for coexisting substance use. I would like to assure you that we are committed to ensuring that anyone with a drug problem and a mental health condition can access the help and support they need.

Evidence based, high-quality treatment is the most effective way of tackling illicit and other harmful drug use. It enables people to recover from dependence, improves their physical and mental health and reduces the harm caused to themselves and people around them. Local authorities are responsible for commissioning drug treatment services to meet the needs of their population and we are providing support through the provision of data, guidance and targeted support and funding via the Public Health Grant. The Public Health Grant will be £3.324billion for 2021/22, representing a £45million increase from 2019/20. An additional £80million has been allocated to addiction treatment from January 2021 as part of a wider crime package.

We are clear that commissioners and providers of services have a joint responsibility to work collaboratively to meet the needs of people with co-occurring conditions.

Public Health England has developed guidance to support the commissioning and provision of joined up services for people with a dual diagnosis of mental health and substance misuse problems¹. The guidance sets out principles for how services should work, including that each person should have access to a care co-ordinator to help ensure all their needs are addressed and a 'no wrong door' approach when people present to services with co-occurring conditions. Commissioning guidance encourages services to respond collaboratively, effectively, and flexibly offering compassionate and nonjudgemental care centred around the person's needs which is accessible from every access point.

I am assured that local organisations have reflected carefully on current service provision following your report on Mr Spooner's death. I am aware that local health and council leaders in Brighton have written to you outlining the range of measures they have undertaken locally to improve access to services for people with co-occurring substance misuse and mental ill health, and note that they will update you on progress locally.

Nationally, you may wish to note that Part Two of independent Review of Drugs was published on 8 July 2021². The review focussed on prevention, treatment, and recovery services. The report includes recommendations on what can be done nationally and locally to tackle drug misuse, and specifically the support needed for those who experience drug misuse and co-existing mental health issues.

These recommendations cover training requirements for all staff working with people with co-existing mental health problems and drug and/or alcohol dependency; the need for integrated commissioning of mental health and substance-misuse services to be part of the next stages of Integrated Care System development; and, the need for NHS England and NHS Improvement (NHSEI) to publish an action plan by the end of 2021 that improves the provision of mental health treatment to people with drug and alcohol dependency.

The Government has looked closely at these recommendations and on 27 July 2021, published an initial response on the urgent action we can take to turn the tide on drugrelated deaths and get more people access to higher quality services³. A commitment has been made in the initial Government response to publish a high-level drug strategy by the end of the 2021.

In addition, I would like to assure you that we are absolutely committed to our ambitions in the NHS Long Term Plan to expand and transform mental health services in England and to investing an additional £2.3billion a year by 2023/24.

Under the NHS Long Term Plan, by 2023/24, we will invest almost £1billion extra in community mental health care for adults with severe mental illness. This funding will give 370.000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.

³ Independent review of drugs by several: government response - GOV.UK (www.gov.uk)

¹ People with co-occurring conditions: commission and provide services - GOV.UK (www.gov.uk)

² Review of drugs: phase two report - GOV.UK (www.gov.uk)

A new community-based offer 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 includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial disparities. Local areas will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.

We will also expand services for people experiencing a mental health crisis. As part of our COVID-19 response work, for those with severe needs or in crisis, all NHS mental health providers have established 24/7 urgent mental health helplines. In addition, under the NHS Long Term Plan, we will increase alternative forms of provision for those in crisis. Sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis, usually for people whose needs are escalating to crisis point, or who are experiencing a crisis but do not necessarily have medical needs that require A&E admission. These alternatives are commissioned through the NHS and local authorities, provided at relatively low cost and to high satisfaction, and usually delivered by voluntary sector partners. While these services now exist in a number of areas, we will work to improve signposting, and expand coverage to reach more people and make a greater impact

As part of the NHS Clinically-led Review of Standards programme of work, on 22 July 2021, NHSEI announced a consultation on the potential to introduce five new waiting time standards⁴. The proposed new standards define expectations for patients of all ages accessing community mental health services as well as those requiring urgent or crisis support. Some of the proposals being consulted include:

- For an 'urgent' referral to a community based mental health crisis service, a patient should be seen within 24 hours from referral, across all ages;
- For a 'very urgent' referral to a community based mental health crisis service, a patient should be seen within four hours from referral, for all age groups;
- Patients referred from Accident and Emergency should be seen face to face within one hour, by mental health liaison or a children and young people's equivalent service; and,
- Adults and older adults presenting to community-based mental health services should start to receive help within four weeks from referral. This may involve the start of a therapeutic intervention or a social intervention, or agreement about a patient care plan.

The consultation closed on 1 September 2021 and NHSEI will analyse the consultation responses which will inform a recommendation to Government on whether and how to implement any new standards in due course.

⁴ NHS England » Mental health clinically-led review of standards: Models of care and measurement

In addition to the funding we are providing through the NHS Long Term Plan, as part of the Government's commitment to build back better, we have published our Mental Health Recovery Action Plan, backed by a one-off targeted investment of £500million, to ensure that we have the right support in place this year.

£58million of this extra £500million announced will be invested to bring forward the expansion of integrated primary and secondary care for adults with severe mental illness and £13million will be used for crisis support to sustain and enhance operation of 24/7 crisis lines in 2021/22.

I hope this response is helpful. Thank you for bringing your concerns to my attention.

GILLIAN KEEGAN