



Department
of Health &
Social Care

From Maria Caulfield MP
Parliamentary Under-Secretary of State
Department of Health and Social Care



Anna Morris
HM Coroners Court
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25 November 2022

Dear Ms Morris,

Thank you for your letter of 11 February 2022 about the death of Matthew McManus. I am replying as Minister with responsibility for Mental Health and am thankful to you for the additional time allowed.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Mr McManus' death. I can appreciate how distressing his death must be for his family and those who knew and loved him, and I offer my heartfelt condolences.

Mr McManus was clearly experiencing difficulties that were compounded by the intersecting issues that had brought him into contact with, or led him to seek the support of, a range of local services. From the Regulation 28 report you issued and the Salford Safeguarding Adults Board report that document links to, I understand that Mr McManus had complex needs that required support from mental health, addiction services and the justice system; however, it appears he did not meet the criteria to be supported under the Care Programme Approach (CPA), which would have provided a package of support for issues (such as drug use, and suicide and self-harm risk).

I would like to assure you that we are, through the development and implementation in local areas of the Community Mental Health Framework (CMHF), working to improve the way people with mental health conditions access joined-up support across health and social care, as well other parts of local systems. I would also like to assure you that more broadly we are bringing a broad range of local services closer together through the Health and Care Act 2022 and the integrated care systems (ICSs) that were formed as a result.

With regard to joined-up care, the NHS Long Term Plan, published January 2019, set out a commitment to transform community mental health services for adults and older adults, and the CMHF, published in September 2019, proposed replacing the CPA for community mental health services "whilst retaining its sound theoretical principles based on good care co-ordination and high-quality care planning". We are therefore moving away from the CPA towards a more broadly accessible community mental health offer with patients supported by a named keyworker who works with and within a multidisciplinary (MDT) team made up of a range of partners, which may include social care, housing and justice.

In March 2022, NHSE published the Care Program Approach NHS England position statement³. The statement is published in order to support ICSs and mental health providers to transform, expand and improve their community mental health services and implement new modes in line with the CMHF.

The shift away from the CPA towards the CMHF is based on a range of broad principles, including:

- that there is a named keyworker for all service users with a clearer MDT approach to both assess and meet the need of service users, to reduce the reliance on care co-ordinators and to increase resilience in systems of care, allowing all staff to make the best use of their skills and qualifications; and
- high-quality co-produced, holistic, personalised care and support planning for people with severe mental health problems living in the community: a live and dynamic process facilitated by the use of digital shared care records and integration with other relevant care planning processes; with service users actively co-producing brief and relevant care plans with staff, and with active input from non-NHS partners where appropriate including social care (to ensure Care Act compliance), housing, public health and the voluntary, community and social enterprise (VCSE) sector.

Through implementing the CMHF, services will need to adopt clearer MDT-based approaches by ensuring that named keyworkers and patients are supported by a robust MDT integrated with care and the VCSE sector, which will help to address people social as well as clinical needs, rather than the system of care relying on a single care co-ordinator.

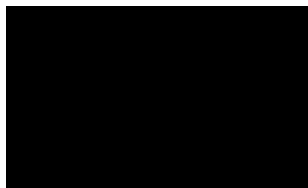
All local areas have received funding to develop and begin delivering these new models of care. By the end of 2023/24, all areas will have one of these models in place, with care provided to at least 370,000 adults per year nationally.

With regard to increased joined up working between and within local organisations, the Health and Care Act 2022 is a key part of the government's agenda to increase collaboration between the NHS and local authorities to improve health and wellbeing outcomes. The Act has brought about the formation of ICS, which bring together a wide range of partners to deliver more joined-up, personalised and preventative care for population and communities through more joined-up decision making across NHS Bodies, local authorities and other partners.

Furthermore, in February, the Government published its integration white paper, 'Joining up care for people, places and populations.' The paper recognised the importance of clarity of accountability for delivering integrated care at the local, or 'place' level, and it set out opportunities for how this could be achieved. The Government is continuing with plans to further develop the opportunities set out in the white paper, to ensure all places have clear governance arrangements and accountability structures that deliver strong, effective leadership.

I hope this response is helpful, and I thank you again for bringing this important issue to my attention.

Kind regards,



MARIA CAULFIELD MP