



Department
of Health &
Social Care

From Maria Caulfield
Parliamentary Under Secretary of State for
Mental Health and Women's Health Strategy



Mr Christopher Morris
Area Coroner for Manchester South
HM Coroner's Court
1 Mount Tabor Street
Stockport
SK2 3AG

13 December 2022

Dear Mr Morris,

Thank you for your letter of 3 May 2022 to the then Secretary of State Sajid Javid, about the death of Kate Hedges. I am replying as Minister with responsibility for Mental Health and thank you for the additional time allowed.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Ms Hedges's death. I can appreciate how distressing her death must have been for her parents and those who knew and loved her, and I offer my heartfelt condolences. It is vital that we take the learnings from what happened to Ms Hedges in order to prevent future deaths.

In preparing this response, Departmental officials have made enquiries with NHS England, as well as the relevant regulator, the Care Quality Commission (CQC). I understand that the Greater Manchester Mental Health (GMMH) Trust has responded directly to you with a series of actions they will undertake to ensure that something like this does not happen again.

I understand that the GMMH Trust is also taking part in the Sexual Safety National Collaborative with the Royal College of Psychiatrists that aims to increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services. The ward where Ms Hedges was a patient has been involved in this project and has implemented changes over the past two years including twice weekly patient safety meetings that have sexual safety on the agenda and give staff and patients opportunity to discuss any concerns or ideas for improvements, and sexual safety is a standard agenda item in staff supervision.

The GMMH Trust is also working to improve their knowledge of trauma-informed care and they have a commitment to trauma-informed care actions. This work is being completed within a quality improvement collaborative framework with associated task and finish groups.

Patient flow continues to be a main priority for the mental health system at a local, regional and national level. You may wish to know that GMMH are addressing these

issues through the purchase of independent sector beds, alongside increased investment in schemes and workforce initiatives to support patient flow. In addition, system partners continue to support All-Age Mental Health Liaison teams in A&E and the advisory capacity they offer across Greater Manchester.

Nationally, NHS England announced on 22 November, an independent review into the unacceptable incidents which took place at the Edenfield Centre at Greater Manchester Mental Health Trust this year. It will focus on how these incidents were able to happen and why the failings were not picked up.

You may also wish to note that the Department is investing £150 million for significant improvements in the mental health estate over the course of the Spending Review (2021). This will be used to support our NHS Long Term Plan ambitions regarding system capacity and pressure reduction. It will cover a range of schemes, including non-medical alternatives to admission, step-down community beds and supported living services.

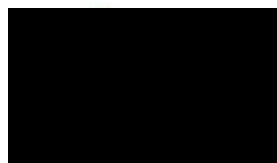
We have committed over £400m for a multi-year capital programme to replace dormitories in the mental health estate with single, ensuite bedrooms by 2023/24. By 2024/25, over 1200 beds in mental health dormitories across more than 50 sites will be replaced with single, en suite rooms. Although this may impact bed availability temporarily, it will support patients by improving their care, safety and sense of dignity.

In addition, you may wish to note that 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. 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.

These models of care 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 increasingly personalised and trauma-informed. The new models should also ensure that the appropriate links are made with other mental health services, for example the 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.

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

Kind regards,



MARIA CAULFIELD MP