



Department  
of Health &  
Social Care

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

39 Victoria Street  
London  
SW1H 0EU

[REDACTED]

[REDACTED]

Mr Christopher Morris  
HM Area Coroner  
Coroner's Court  
1 Mount Tabor Street  
Stockport  
SK1 3AG

3 February 2023

Dear Mr Morris,

Thank you for your letter of 26 August 2022 about the death of Christopher Michael Lloyd. I am replying as Minister with responsibility for Mental Health at the Department of Health and Social Care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Lloyd'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.

In preparing this response, Departmental officials have made enquiries with NHS England and the Care Quality Commission.

I understand that several actions have been taken by the Greater Manchester Integrated Care Partnership (ICP) following Mr Lloyd's death, including the development of a Co-Occurring Conditions team who will deliver system-wide training in recognition of the complexities and contexts of those with co-occurring conditions. This work will involve a range of stakeholders including the local NHS local authorities and the Voluntary, Community and Social Enterprise sector. More locally in Tameside, a Living Well Plus service launched on 1 August 2022 that sits within Mental Health services and will predominately work with people who are high intense users of A&E, a number of whom have co-occurring presentations. This will also help broader understanding of the issues with treatment pathways that affect people in Tameside.

The Office for Health Improvement and Disparities (OHID) has previously published Better Care for People with Co-Occurring Mental Health and Alcohol/Drug Use Conditions, a guide for commissioners and services providers informed by clinical evidence and expertise.<sup>1</sup> Two principles from that guide, which should be followed routinely, are that people with co-

---

<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/625809/Co-occurring\\_mental\\_health\\_and\\_alcohol\\_drug\\_use\\_conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf)

occurring conditions should face ‘no wrong door’, and that managing drug and alcohol use is “everyone’s job” meaning any service the individual interacts with should support them.

In addition, clinical evidence informs the clinical guidelines for those with co-occurring mental health and substance misuse, specifically the National Institute for Health and Care Excellence (NICE) guideline Coexisting Severe Mental Illness and Substance Misuse: Community Health and Social Care Services.<sup>2</sup> This guidance asks mental health services to ensure that, upon referral of a new patient, they do not exclude people with severe mental illness because of their substance misuse, undertake a comprehensive assessment of the person’s mental health and substance misuse needs and, where the patient is accepted by mental health services, take responsibility to ensure the care coordinator works with other services to address the person’s social care, housing, physical and mental health needs, as well as their substance misuse problems, and provide any other support they may need.

Further to this, the UK guidelines on clinical management of drug misuse and dependence<sup>3</sup> and the NHS Community Mental Health Framework for Adults and Older Adults<sup>4</sup> state that, for those with co-occurring mental health and substance misuse, drug and alcohol treatment services, working with mental health services, should act to ensure they are simultaneously addressing mental health and substance use symptoms, eliminating exclusions based on a person’s diagnosis and stepping up the intensity of treatment centered around their needs.

In response to your recommendation for further, separate provision of specific dual diagnosis treatment services alongside mental health and substance misuse services, it is important to point out such service structures are not backed by evidence and so not recommended in the published guidance.

Moreover, the Government published From harm to hope: a 10-year Drug Strategy in response to Dame Carol Black’s independent review on drugs.<sup>5</sup> One of the three priorities of this strategy is to deliver a world-class treatment and recovery system, backed by an additional £780m over three years. Of this, £532 million has been made available to local authorities to increase and improve treatment services to reduce harm and improve recovery rate significantly. This will include better integrating treatment services to ensure people’s mental and physical health needs are met. OHID is also currently working with NHS England and the wider sector to identify ways to improve the integration of services, including better implementation of the existing guidance.

Finally, through its Long-Term Plan, the NHS has committed additional funding to improve mental health provision. The Department has also recently held a 12-week call for evidence to inform a new 10-year plan to improve mental health. We are currently considering the responses to this and undertaking wider stakeholder engagement. We will

---

<sup>2</sup> <https://www.nice.org.uk/guidance/ng58/>

<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/673978/clinical\\_guidelines\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf)

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf>

<sup>5</sup> <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

publish a full response to the call for evidence along with further detail on next steps in due course.

These actions combined will work to ensure that future cases of people with co-occurring mental health and substance misuse receive a world-class treatment system, which can work better in partnership with mental health services to prevent avoidable deaths and improve treatment outcomes for the people affected.

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

Kind regards,



**MARIA CAULFIELD MP**