



Department
of Health &
Social Care

*From Maria Caulfield MP
Parliamentary Under Secretary of State
Department of Health & Social Care*

*39 Victoria Street
London
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Louise Hunt
Coroner's Court
Steelhouse Lane
Birmingham
B4 6BJ

10 May 2024

Dear Miss Hunt,

Thank you for your Regulation 28 report to prevent future deaths dated 11 January 2023 about the death of Leroy Hamilton. I am replying as the Minister with responsibility for mental health and patient safety. Please accept my sincere apologies for the delay in responding.

Firstly, I would like to say how saddened I was to read of the circumstances of Leroy and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention. Please accept my sincere apologies for the significant delay in responding to this matter.

The report raises concerns over numbers of inpatient mental health and psychiatric decisions unit beds and arrangements for informal missing patients. It also raises concerns about local policing arrangements and you will understand that these are outside of my remit as a Health Minister.

I note that West Midlands Police and Birmingham and Solihull Integrated Care have each already carefully considered the matters of concern in your report and have provided you with comprehensive responses setting out the actions being taken to improve care quality and patient safety.

Regarding the lack of inpatient mental health beds and psychiatric decisions unit (PDU) spaces and the availability of 'safe space', we are supporting the NHS to take action to reduce waiting times in A&E, including through adding 5,000 more permanent general and acute beds, speeding up hospital discharge and increasing transparency and the available information on waiting times and the NHS's progress in reducing them.

To support adult social care and discharges across the NHS, including from mental health inpatient settings, up to £2.8 billion was made available in 2023/24 and £4.7 billion in 2024/25, with the aim of reducing bed occupancy.

The Department has also worked with NHS England and other system partners to develop statutory guidance for discharge from all mental health inpatient settings, which was

published in January 2024. This sets out how NHS bodies and local authorities can work together to support the discharge process, improving flow and ensuring the right support in the community. The guidance is available at: [Hospital discharge and community support guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/hospital-discharge-and-community-support-guidance)

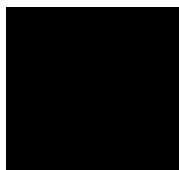
In addition, we are providing £150 million of capital investment for mental health urgent and emergency care infrastructure over 2023/24 and 2024/25. This includes investment into a range of wider local mental health infrastructure schemes, including new and improved crisis cafes, crisis houses, health-based places of safety and improvements to emergency departments and crisis lines. Over 160 schemes have been allocated funding by NHS England so far and 99 have been completed. The funding will also provide for specialised mental health ambulances which will be rolled out across the country – and be supported by practitioners trained to provide advice and treatments in cases of co-occurring physical and mental health issues.

More widely, through the NHS Long Term Plan, we have invested almost £1 billion extra in community mental health care for adults by March 2024, expanding community mental health services, so that patients are supported to stay well in their communities. This major expansion in funding for community mental health services commenced in all areas in 2021/22 and one of its aims is to reduce reliance on inpatient treatment.

Turning to the matter of a multi-agency protocol to deal with informal patients who abscond from emergency departments. The WMP have addressed this in their response as they are currently setting up a working group with key partner agencies, including mental health agencies and professionals, to discuss and design a joint missing person protocol. They anticipate that these discussions will take into account the circumstances of Mr Hamilton's case.

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

Yours sincerely,



MARIA CAULFIELD