

Private and confidential

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The office of the Chief Nursing Officer

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Sent via email

29 November 2023

Dear Ms Wood,

Regulation 28 Report regarding Benjamin Henry Hazelden

I write in response to the Prevention of Future Death Report dated 26th September 2023 sent pursuant to paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 concerning the death of Benjamin Hazelden on 11th February 2022.

During the inquest, you heard evidence giving rise to the following concern(s):

1. In the course of hearing the evidence it was clear that young adults with autism who were at risk of self-harm as well as harm to others have very limited options in terms of placements where their needs can be met. A bespoke placement had been carefully created by those involved in Ben's care, but this had taken several months to arrange. This arrangement had worked well, and all involved tried to make it a success and for quite some time it was. It was however recognised that there may come a time in the future when his risks to himself and others would mean an alternative placement would be needed.
2. When Ben's risks to himself increased further there were no suitable beds available where he could be cared for in an environment which could meet his needs. He spent several days in an acute hospital bed despite being medically fit for discharge which although, essentially a place of safety, was totally unsuited to his needs. This stay continued whilst discussions ensued regarding where he should be placed. A bed in an acute psychiatric ward was considered but not deemed

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appropriate to meet his needs and as there were no specialist beds available he was discharged back to his home with increased support as the best option available. Had a bed been available in a specialist unit it is likely that he would not have died when he did.

3. In the evidence provided it became clear that a lot of units where a specialist bed may have been available had been closed in the past due to concerns about the level of care following a number of investigations. This has led to a system whereby locally and nationally there are limited options for those requiring care relating to both the management of autism and self-harm or harm to others, particularly when there is an urgent need for increased support. Whilst the inquest heard there were some counties who had specialist beds they were difficult to access as they were often full, and places were not always available to meet urgent needs.

As all three of the concerns that you have highlighted in the Regulation 28 Report appear to relate to the same issue, i.e., the need, availability, or access to an “alternative placement”, “bed in a specialist unit” or “specialist bed”, (all of which I understand to mean a hospital bed), I will respond to all concerns together. In doing so I will not repeat the written and oral evidence provided to the Court during the inquest by [REDACTED] (Associate Director for Learning Disability and Autism) highlighting the challenges in commissioning specialist beds for autistic people whilst delivering on national policy requirements to reduce reliance on hospital care and treatment for autistic people with needs such as Mr Hazelden’s.

Kent and Medway ICB is currently involved in a project with colleagues in Sussex ICB and Surrey ICB to scope options for the provision of specialist in-patient beds for people with learning disability and for autistic people across the Kent, Surrey, and Sussex footprint. Commissioning specialist in-patient services across this broader geographical footprint provides critical mass of patient need and economies of scale which cannot be achieved by one ICB alone due to the reduced need for such services as a result of implementing national policy. PA Consulting, a private consulting firm, have been commissioned by Sussex ICB to develop and present proposals for specialist in-patient services by the end of March 2024 (Phase 1) for the three ICBs to consider and consult on with autistic people and other stakeholders (Phase 2) and implement collaboratively (Phase 3).

Based on the above, I hope I have provided you with the relevant assurance that Kent and Medway ICB has taken your concerns seriously and we will continue to strive to provide an appropriate range of services to autistic people and to offer high standards of care to our patients.

Yours sincerely

[REDACTED]

[REDACTED]

**Interim Chief Nursing Officer
NHS Kent and Medway**