



Department
of Health &
Social Care

*From Maria Caulfield MP
Minister for Mental Health and Women's Health
Strategy*

39 Victoria Street
London
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Our Ref: [REDACTED]

HM Coroner Andrew Cox
The New Lodge
Newquay Road
Penmount
Truro
TR4 9A

By email: [REDACTED]

24 May 2024

Dear Mr Cox,

Thank you for the Regulation 28 report to prevent future deaths dated 30 January, about the death of Nicolas Gerasimidis. I am replying as Minister with responsibility for suicide prevention and 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 Gerasimidis' 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. I am thankful to you for the extension granted to the department to provide a response.

The report raises concerns across multiple fronts over the care provided to Mr Gerasimidis; the community mental health team's staffing and capacity to provide a service, the inadequate or insufficient information provided to the family in terms of treatment options, the long waiting list for appropriate treatment and the unavailability of admission beds.

In preparing this response, departmental officials have made enquiries with NHS England who have further investigated with the regional Trust and the ICB.

You noted that Mr Gerasimidis was on a lengthy waiting-list to access psychological therapy at the time of his death with ensuing concerns that other patients may have to wait significant lengths of time for care. We recognise that the demand on NHS mental health services has risen significantly, and this means that some people may face waiting times that are much longer than we would like. That is why, through the NHS Long Term plan, the Government is providing record levels of investment and increasing the mental health workforce to expand and transform NHS mental health services in England.

Between 2018/19 and 2023/24, NHS spending on mental health has increased by £4.7 billion in cash terms as compared to the aim of £3.4 billion set out at the time of the NHS Long Term Plan. All integrated care boards are also on track to meet the Mental Health Investment Standard for 2023/24, which means that their investment in mental health services increases in line with their overall increase in funding for that year.

As part of this expansion, the NHS is also committed to improving access to community mental health services. In 2022/23, 288,000 adults with severe mental health problems were able to access support through transformed models of adult community mental health, and by March 2025, it is expected that that number will have increased to 400,000, compared to 2019. In addition, the NHS is working towards implementing new waiting time measures for people requiring mental healthcare in emergency departments and in the community, to ensure timely access to the most appropriate, high-quality support.

Turning to your concern around staffing shortages, we recognise the need to increase capacity in NHS mental health services. Nationally, we are making positive progress on our ambition to grow the mental health workforce by an extra 27,000 staff between 2019/20 and 2023/24. We delivered three quarters of this (around 20,800) by December 2023 with further growth expected to have been achieved once the full year figures for 2023/24 are available.

Furthermore, NHS England has instigated the Long-Term Workforce Plan, which is the biggest recruitment drive in health service history and is also an ongoing programme of strategic workforce planning. It includes an ambitious commitments to grow the workforce by significantly expanding domestic education, training and recruitment, as well as actions aimed at improving culture, leadership and wellbeing so that more staff are retained in NHS employment over the next 15 years. This includes commitments to further grow the Mental Health workforce. These actions will aim to close anticipated staffing shortfalls in the NHS in the long term, however Trusts have a responsibility to ensure safe staffing levels in the current day to day operation of their hospitals. This is in line with Care Quality Commission Regulation 18 which states that providers must deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements.

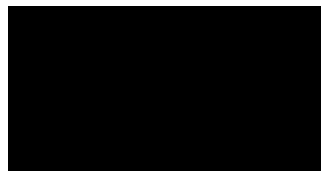
The response from NHS Cornwall and Isles of Scilly Integrated Care Board (the ICB) is focused on your concern around the availability of beds and the transformation work underway more locally. The ICB reports that their commissioning of mental health beds is in line with the national median number of beds per 100,000 population which is 9.45. has advised that its contract with Cornwall Foundation Partnership Trust (CFT) specifies 54 acute mental health beds, however, data shows that there were 47 operational at the date of Mr Gerasimidis' sad death. This remains the situation today. The CFT has 7 closed Acute beds and 6 closed Rehab beds. These beds cannot be reinstated due to environmental issues which are being challenged through CFT Private Finance Initiative contract at the highest level, with the CFT Chief Executive. The ICB are aware of these bed closures and have been assured by CFT that the impact had been mitigated with alternative solutions

Furthermore, locally there has been £20.4 million additional targeted investment in community crisis services since 2018/2019 to support prevention, early intervention and discharge follow-up:

- Community Mental Health Transformation has significantly increased the available workforce in the community with a significant increase in mental health practitioners working in primary care networks (PCN) since June 2023
- As of April 2024, 11 PCNs have at least one mental health practitioner in place. Of those, 10 PCNs have 2 mental health practitioners.
- Overall as a percentage of total ICB allocations, Cornwall's spend on mental health is the second highest in the South West region and fourth highest nationally.
- Cornwall's spend per 100,000 of population is above national and regional averages in the majority of key mental health programmes but slightly below in terms of the overall percentage of their budget.
- Whilst the ICB has an appropriate number of mental health beds, they have fewer acute beds.
- Admission avoidance work with voluntary, community and social enterprise providers is proving effective at preventing admission or re-admission to mental health wards. On top of this a pre-crisis admission avoidance service has been successfully delivering for over five years.

Finally, turning to your concern about the nearest relative's right to request a case review by an Approved Mental Health Professional (AMHP). The Mental Health Act 1983 Code of Practice (section 14.32) states that *"Doctors who are approached directly by a nearest relative about the possibility of a Mental Health Act application for detention being made should advise the nearest relative of their right to require a local authority to arrange for an AMHP to consider the patient's case."*

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



MARIA CAULFIELD MP