



Department  
of Health &  
Social Care

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

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[REDACTED]

HM Coroner Alison Mutch  
Coroner's Court  
1 Mount Tabor Street  
Stockport  
SK1 3AG

[REDACTED]

10 May 2024

Dear Ms Mutch,

Thank you for your Regulation 28 report to prevent future deaths dated 14 March 2024 about the death of Mr Tobias Ryse Mannering-Jones. I am replying as Minister with responsibility for Mental Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Tobias Ryse Mannering-Jones' 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.

The report raises some very important concerns. These include long waiting times for accessing mental health support, how local services identify individuals that are vulnerable and effectively co-ordinate their support, and the ability for vulnerable people to receive sustained support and stable housing solutions.

In preparing this response, departmental officials have worked closely with the Department for Levelling Up, Housing & Communities (DLUHC) and NHS England.

The Health and Care Act 2022 established statutory Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) to form Integrated Care Systems (ICSs). ICSs are partnerships of organisations that come together to plan and deliver more integrated and joined up health and care services, to reduce siloed working, and improve the lives of people who live and work in their area. The ICP brings together ICBs, local authorities and other organisations, and is responsible for producing the integrated care strategy. This is informed by local assessment of needs and sets the direction for how organisations within the system will commission and deliver its services, supporting more joined up, preventative and person-centred care for their whole population.

I appreciate that a number of your concerns relate to issues around the impact of Mr Mannering-Jones' homelessness. DHSC has recently published [updated guidance](#) for ICPs on the development of integrated care strategies, with specific reference to inclusion health groups and those suffering multiple disadvantage. The updated guidance provides greater clarity on the opportunity for integrated care strategies to consider the wider determinants of

health to include, for example, housing and health-related services, when setting the overall direction of the system. It also strengthens expectations for ICPs to promote widespread involvement when developing or renewing their strategy with specific reference to inclusion health groups and those with seldom heard voices. We understand that DLUHC will provide more context regarding your concerns around the risk of exploitation for vulnerable young people who are homeless.

The Department recognises the importance of reducing barriers to services for those experiencing rough sleeping. This is why we supported the development of [NICE guidance](#) which provides recommendations on ways to improve access to, and engagement with, health and social care services for people experiencing homelessness. It also provides advice on how commissioners, planners, providers and practitioners across disciplines and agencies can work together as part of a multi-disciplinary team to support and improve outcomes for people experiencing homelessness.

The NICE guidance recognises that more effort and targeted approaches are often needed to ensure that health and social care for people experiencing homelessness is available, accessible, and of a high standard. To help address this it outlines recommendations, such as recommending that service providers consider moving people up waiting lists for health and social care appointments if they are experiencing homelessness because their circumstances may mean they are at higher risk of deterioration and premature death. It also provides advice on outreach that takes health and social care services to people experiencing homelessness by providing multidisciplinary outreach care in non-traditional settings.

With regard to your concern around waiting times for mental health support, we recognise that NHS mental health services are facing increased levels of demand. This means that some people are facing waiting times that are much longer than we would like in order to access the support they need. Through the NHS Long Term Plan, we are expanding and transforming mental health services to help address this. As part of this, the ongoing transformation of community mental health services sees a move away from the use of Care Programme Approach towards high-quality, personalised care and support planning for all service users in line with the NHS England Comprehensive Model of Personalised Care. This includes a named key worker for all service users with a clearer multidisciplinary team approach to both assess and meet the needs of service users.

Between 2018/19 and 2023/24, NHS spending on mental health has increased by £4.7 billion in cash terms as compared to the target of £3.4 billion set out at the time of the NHS Long Term Plan. Almost £16 billion was invested in mental health in 2022/23, enabling 3.6 million people to access mental health services, a 10% increase on the previous year. In addition, the NHS is working towards implementing new waiting time standards for people requiring mental healthcare in emergency departments and in the community, to ensure timely access to the most appropriate, high-quality support.

Since 2019/20, we have invested £30 million to meet the health needs of people sleeping rough, allowing for the establishment of 37 sites with new mental health provision for people sleeping rough.

In terms of crisis care, we have embedded 24/7 urgent mental health helplines in all areas of the country, receiving around 200,000 calls per month, and there are now around 600

new or expanded crisis alternative services in England such as crisis cafes, safe havens, crisis houses, providing alternatives to A&E or psychiatric admission.

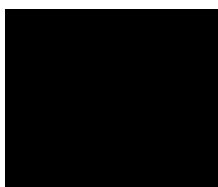
The Department recognises that challenges remain to support those experiencing homelessness and are working with DLUHC as part of the rough sleeping strategy, 'Ending Rough Sleeping for Good' to continue to address them. The Department and DLUHC work together closely to deliver the Rough Sleeping Drug and Alcohol Treatment Grant in 83 local authorities with the highest levels of need. This provides targeted substance misuse treatment and support to people who sleep rough, or who are at risk of sleeping rough, including in many areas support around their co-occurring substance misuse and mental health needs. Targeted support around the health and care needs of people who sleeping rough is also available to many areas via DLUHC's Rough Sleeping Initiative (RSI) funding and NHSE's rough sleeping mental health funding.

Finally, turning to your concern around a lack of overall ownership or responsibility among the different agencies involved. This should be addressed in full by Greater Manchester ICB, as this is a local context, I can confirm that, at a national level, the Government champions joined-up multi-disciplinary approaches. For example, through the 10-year drug strategy, 'From Harm to Hope' we have committed to developing a Joint Action Plan to improve mental health treatment for people using drugs and alcohol. The plan focuses on improving join-up between addiction and mental health services, ensuring that everyone can get the care and support they need. It is due to be published later this year and will improve the join up between substance misuse services and mental health services.

In addition, the Local Government Association and Association of Directors of Adult Social Services (ADASS) have published [Top tips](#) to support directors of adult social services and their teams, focusing on the role of social care in supporting people experiencing and recovering from homelessness. The Minister for Social Care (DHSC) and Minister for Housing and Homelessness (DLUHC) will write to all Directors of Housing, Directors of Adult Social Services and Chairs of Safeguarding Adult Boards (SAB) in England, to emphasise the critical role they play in the homelessness system. The letter will set out clear expectations on the role of SABs in protecting people experiencing homelessness, particularly people sleeping rough, from risk of abuse and neglect and ensuring there are appropriate operational and strategic mechanisms in place to hold partners to account.

I hope this response is helpful. Thank you again for raising these concerns, my department will continue to work with national and local partners to address these complex issues.

Yours sincerely,



**MARIA CAULFIELD**