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Nominated Judge Coroner
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National Medical Director
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Dear Sir Adrian

Re: Regulation 28 Report to Prevent Future Deaths – James Furlong, Joseph Ritchie-Bennett and David Wails who died on 20 June 2020 in the Forbury Gardens terror attack

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 20 May 2024 concerning the deaths of James Furlong, Joseph Ritchie-Bennett and David Wails on 20 June 2020. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to the families and loved ones of James, Joseph and David. NHS England are keen to assure the families and the Coroner that the concerns raised in your Report about the prior care of the perpetrator of the attack have been listened to and reflected upon.

My response focuses on those concerns that fall under the remit of NHS England, namely those summarised at paragraphs 43-45 of your Report, regarding secondary healthcare service arrangements and resourcing within prison establishments. In particular you have raised that the evidence at the Inquests made clear that there were wider issues with the shortage of staff in prisons to provide psychological treatment, and with the processes to prioritise and track prisoners on the waiting list to ensure that they were seen.

I have not specifically addressed your concerns relating to the deficiencies of Pathfinder (set out at paragraphs 18 and 25-30 of your Report), as these are best addressed by the Secretary of State for Justice, who has responsibility for the service, along with Thames Valley Police. It is, however, acknowledged that NHS England and HMPPS jointly issued Guidance entitled "*Increasing the Engagement of Prison Integrated Healthcare Teams in Pathfinder*" in June 2022, following the Forbury Gardens attack and the review conducted by the Joint Extremism Unit (JEXU) on the mental health provision.

In response to your concerns directed to NHS England, I provide you with details about NHS England's work below.

Mental health pathways programme of work

The NHS England Mental Health Programme has recently embarked on new work to review the current service provision for adult individuals in contact with the criminal justice system. This has focused on the changes required to provide sustainable and

ongoing consistency of service provision, for those adults who need care and treatment for mental ill health, and associated disorders.

To enable these changes, a Mental Health Criminal Justice Pathway is in development. This Pathway is overseen by a 'Health and Justice Mental Health Pathway Expert Working Group' and this work aims to:

- Ensure, from a patient perspective, that the Pathway is robust, seamless, individualised, and responsive to a person's needs and requirements.

- Provide people with mental health concerns timely, consistent, high-quality advice, treatment, and support that is effectively communicated across all services.

- Reduce reoffending and improve health outcomes by addressing underlying mental health issues at the earliest opportunity.

- Strengthen pre-sentence community-based health options by working in partnership with health and justice agencies.

- Reduce the number of people with mental health issues who are remanded or sentenced to custody, ensuring they receive appropriate care and treatment in the right settings at the earliest opportunity.

- Work with partners to make available appropriate healthcare alternatives, in place of remand in custody and short custodial sentences, for those with mental health issues.

- Reduce the number of people being sent to custody with mental health issues, resulting in a reduction of individuals requiring transfer to hospital under the Mental Health Act 1983.

Psychology provision/equivalence

The Service Specification for Integrated Mental Health Service for Prisons in England (2018) states that there should be access to suitable, evidence-based psychological / psychosocial and clinical interventions. Importantly, services are required to ensure all patients have a diagnosis and clinical formulation, and should provide evidence-based psychological interventions adapted to patients' needs. Patients within secure settings should receive an equivalent level of healthcare to patients in the community (in terms of the range of interventions and services available, quality and standards).

The service specification requires that patients have a robust discharge plan to enable continuity of care in the community. Where patients exit a service due to a transfer from custody, extensive and timely multi-disciplinary planning is required and expected. Similarly, where a patient is transferred to another prison, a comprehensive handover is expected to be actioned and coordinated.

I would also like to highlight the work of NHS England's RECONNECT and the enhanced RECONNECT 'care after custody' services. RECONNECT seeks to improve the continuity of care of people leaving prison by working with them before they leave and supporting their transition to community-based services, thereby safeguarding any health gains made whilst detained.

RECONNECT is not a service providing clinical interventions. What it offers is liaison, advocacy, signposting, and support to those leaving prison, to aid engagement with community-based health and support services. It provides support and release planning for up to 12 weeks prior to release (or as soon as the person is referred) and will work with them for up to 6 months post release date, or when all health care needs are met, whichever comes soonest.

Enhanced RECONNECT (ER), which is a trauma informed service working with people from 6 months prior to release until 12 months post release, builds on the RECONNECT service as an enhanced pathway of care, and is NHS England's response to the management of individuals identified as a high risk of harm to the public and who have complex health needs. The enhanced service is a pilot scheme currently operating in the North East, North West and South West of England. The service works collaboratively with partners (including from other services and organisations) to support any high-risk individual with complex health needs, which may impact on their risk of reoffending.

Additionally, since the tragic events of 20 June 2020, NHS England's South East region has re-procured mental health services at HMP Bullingdon and HMP Huntercombe. These services are now provided by Oxford Health NHS Foundation Trust (OHFT) at both sites.

Further to the above, there is an integrated model of mental health care across both primary and secondary care mental health services, with access to the Health and Justice Information Services (HJIS) records, along with community mental health records, to better support continuity of care and information sharing.

The provision of psychological therapies is still commissioned, although recruitment challenges mean there is a longer wait for initial assessment for psychological therapy than is ideal at present. Prison mental health teams do maintain a 5 day wait for routine mental health referrals, however, increasing the availability and accessibility of talking therapies is a priority.

OHFT and NHS England's South East Region continue to prioritise increasing the availability of access to evidence based talking therapies at the prisons, whilst developing a more sustainable workforce to deliver the interventions.

It is also positive that clinical information sharing between prisons when a prisoner is transferred is much more robust in 2024 than it was in 2020. Patient information is now routinely shared on a digital Prisoner Escort Record (PER) and via HJIS notes, and the transfer of clinical information between prisons and community providers is locally audited on an annual basis alongside other performance indicators.

Community Mental Health Services

Additionally, as part of its NHS Long Term Plan commitments to improve mental health care, NHS England has increased the investment in adult and older adult community mental health services by £1 billion per year since 2019/20. This additional funding has meant that over 370,000 people were able to access transformed models of care in 2023/24. These new models, as described in the Community Mental Health Framework (September 2019), are aimed at ensuring that adults and older adults with severe mental health problems are better able to access a high quality of care that meets their clinical and social needs, and that care is easily 'stepped up' or 'stepped down' depending on their needs.

However, NHS England recognises that further national work is needed to ensure that people with severe mental illness, who pose a risk of harm to others when unwell, are properly supported and can access appropriate care to avoid relapses in their mental health. NHS England has therefore asked all Integrated Care Boards to review their community services by September 2024, to ensure that they have clear policies and practices in place for patients with serious mental illness, who require intensive community treatment and follow-up, but where engagement is a challenge. To support system reviews, NHS England has convened an expert advisory group to advise on the development of national guidance, setting out the key principles in this area that should be reflected in local policies and practices.

Trust Provision

We note that you have also addressed your Report to Berkshire Healthcare NHS Foundation Trust (BHFT), who are the appropriate organisation to respond to many of the concerns raised about the quality of care previously delivered to the perpetrator of the terrorist attack. We also note that Midlands Partnership University NHS Foundation Trust (MPFT) are required to respond to you, demonstrating that they are continuing to make appropriate changes to the services they provide to other prison establishments. We have ensured that all regions where MPFT has a prison provision footprint (as this extends outside of the Midlands region) are aware of the concerns raised in your Report.

My regional colleagues in the South East have also been asked to engage with BHFT on the concerns raised, and with OHFT who, as set out above, are now providing the secondary mental health services to HMPs' Bullingdon and Huntercombe. We note that OHFT are required to provide assurance of current practices at these two prisons, including the current position on the level of available psychological services against the background of the previous failure by MPFT to provide these to the perpetrator of the attack whilst he was in prison. We will carefully consider the Trusts' responses, once sighted on these.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

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National Medical Director