



Department
of Health &
Social Care

[REDACTED]
*Parliamentary Under Secretary of State for Public Health
and Prevention at Department for Health and Social Care*

39 Victoria Street
London
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Our ref: [REDACTED]
HM Coroner Andrew Harris
South London Coroner's Service,
2nd Floor, Davis House,
Robert Street, Croydon CR0 1QQ

By email: [REDACTED]

2 October 2024

Dear Mr Harris,

Thank you for the Regulation 28 report of 27th June 2024 sent to the Minister for Public Health, Department of Health and Social Care about the death of Emily Collishaw. I am replying as the Minister with responsibility for Public Health and Prevention.

Firstly, I would like to say how saddened I was to read of the circumstances of Emily Collishaw's death and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises the following concerns:

1. Emily's mother reported that it took some time for the organizations working with her daughter to agree their roles and that the degree of support was insufficient to maintain her physical health or promote abstinence over such a long period of six months before she died. The family felt that the referral for residential care should have been made earlier, especially as her housing situation was a risk to her health. It was accepted that Emily did not engage consistently but did reduce intake on a number of occasions, only to relapse.
2. The inquest heard from professionals that the period of waiting for a residential rehabilitation placement was about three months but could be as long as seven months. Evidence was heard from the manager of the Pier Project that the delay in accessing residential care had been progressively getting longer over the last 10 years, which posed risks such as sudden death to patients.

In preparing this response, my officials have made enquiries with the Care Quality Commission to ensure we adequately address your concerns.

My department recognises the need to improve specialist drug and alcohol treatment services. Additional funding has been available since 2022/23 for local authorities to improve the quality and capacity of drug and alcohol treatment, including inpatient detoxification and residential rehabilitation services, and [an additional £266.7 million](#) was made available to them this year.

I am aware of variability across the country in access to inpatient detoxification and/or residential rehabilitation. To address this (as part of the increased funding provided since 2022/2023), combinations of ring-fenced funding, targets, additional guidance and targeted support have been used to improve capacity and quality of inpatient detoxification and residential rehabilitation. We also plan to publish further guidance for local areas on improving access to residential rehabilitation later this year.

In London in 2021, following the steady closure of the city's inpatient detoxification units due to increasing costs and an unsustainable spot purchase funding model, the PanLondon Inpatient Detoxification Programme was established to address the issue and an 11-bed unit in St Thomas' hospital was opened. The unit provides a high level of care for a small cohort of people with complex needs. Work is currently underway, led by the London Regional Team of the Office for Health Improvement and Disparities (OHID) to further develop sustainable inpatient detoxification provision in London.

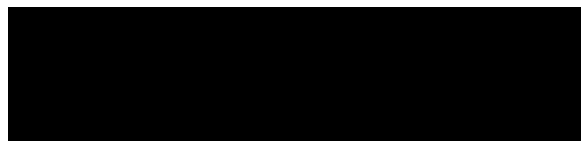
At a local level we would expect alcohol and drug treatment services to do what they can to minimise delays in accessing inpatient detoxification and residential rehabilitation, provide individual support to anyone waiting for it, and to regularly review their needs. The UK Clinical guidelines on alcohol treatment (to be published later this year) will include recommendations to promote this good practice.

Guidance has been issued on the importance of integrated and co-ordinated care for people with co-occurring mental health and alcohol or drug conditions including [NICE Guidance 58](#) and [Better Care for people with co-occurring mental health and alcohol/ drug use conditions](#). OHID's [Commissioning Quality Standard](#) provides guidance for service commissioners on improving services for people with co-occurring mental health and alcohol or drug conditions. Local services should work together so that people can access the help they need for both their mental health and their alcohol or drug use.

We do, though, recognise that improvement is still needed across England, and OHID and NHSE will continue to work closely together to improve integrated and co-ordinated care for people with comorbidities, including co-occurring mental health conditions and alcohol and drug use conditions.

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

Yours sincerely,

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