



Department
of Health &
Social Care

From [REDACTED]
Parliamentary Under-Secretary of State for Public Health and Prevention

39 Victoria Street
London
SW1H 0EU

Our ref: [REDACTED]

HM Assistant Coroner R Brittain
127 Poplar High Street,
London,
E14 0AE

By email: [REDACTED]

30 May 2025

Dear Mr Brittain,

Thank you for the Regulation 28 report of 4th April 2025 sent to the Department of Health and Social Care about the death of Alexi Susiluoto. 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 Alexi Susiluoto's death, and I offer my sincere condolences to their 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 concerns over the current provision of treatment and support for those with co-occurring mental health and substance use conditions, especially when these conditions are compounded by experiences of homelessness. In preparing this response, my officials have made enquiries with NHS England (NHSE) and the Care Quality Commission (CQC) to ensure we adequately address your concerns.

Your report mentions a review my department is taking into treatment for people with substance use and mental health conditions, and you raise concerns that the review is not considering the additional complexities and issues that occur when someone is also experiencing, or at risk of, homelessness. My department recognises the vital importance of high-quality integrated care for those with co-occurring conditions and who sleep rough, or who are at risk of sleeping rough. To clarify, we have not undertaken a formal review but, following recommendation from Dame Carol Black's independent review of drugs, have been developing a comprehensive action plan to set out a path to improving service provision for those with co-occurring substance use and mental health needs.

NHSE and the Department of Health and Social Care (DHSC) have worked with subject matter experts, including people with lived experience, academics, clinicians, and service providers in creating this plan. The plan is aimed to be as inclusive as possible and is built on the principles of 'Everyone's job' and 'No wrong door'. The first principle, 'Everyone's job', states that Commissioners and providers of mental health and alcohol and drug treatment services have a joint responsibility to meet the needs of people with co-occurring

conditions by working together to treat those with mental health conditions as well as substance use conditions. This is regardless of their current situation, including whether they are rough sleeping or at risk of rough sleeping. The second principle, 'No wrong door', states that providers in alcohol and drug treatment, mental health and other services have an open-door policy for individuals with co-occurring conditions and make every contact count. Treatment for co-occurring conditions is available through every contact point and services should be working together seamlessly to meet needs.

We are committed to promoting more cohesion between mental health services and substance use services, to ensure people no longer fall through the gaps of treatment. But we know that many people with co-occurring conditions, who may also experience homelessness, will still experience barriers in having their health needs met. As such, our action plan is just one part of a broader programme of work aiming to improve services:

- In 2025/26 there will be a total targeted investment of £310m in drug and alcohol treatment and recovery systems across England, maintaining the level of funding available in 2024/25. DHSC is continuing to invest in improvements to local treatment services that have faced significant cutbacks in the past, to ensure those in need can access high quality help and support. This funding is administered through the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG).
- DHSC also works closely with the Ministry of Housing, Communities and Local Government (MHCLG) to deliver specific funding (£58.7m in 2025-26), in 83 local authorities, for drug and alcohol treatment services that support people who sleep rough or who are at risk of sleeping rough. This funding package includes harm minimisation support, rapid prescribing for opioid substitution treatment, and assertive outreach and inreach substance use support services to reach people whether they are living on the streets or within temporary accommodation.
- DHSC directs local authorities to consider NICE guidance on [Integrated health and social care for people experiencing homelessness](#) when designing, commissioning and delivering drug and alcohol treatment services for people experiencing homelessness.
- DHSC will soon publish the UK clinical guidelines on alcohol treatment to support and improve the quality of treatment for people with alcohol dependence. The guidelines include chapters on working with people with co-occurring alcohol dependence and mental health and/or physical health conditions. They also include recommendations on multi-disciplinary assessment, care planning and care co-ordination.
- The CQC also recognise that individuals with co-occurring complex needs require joined-up care across multiple services and continue to monitor and engage with providers, particularly in relation to cross-organisational working and accountability and recognise the coroner's concerns regarding access to this care. As part of their organisational strategy, [published in 2021](#), CQC are committed to identifying and addressing gaps in service coordination, driving improvements, and holding providers accountable for delivering safe and effective care. CQC will use insights such as this

Regulation 28 Report to inform their system monitoring and engagement with system leaders and will continue to ensure people using services they regulate receive safe, person-centred care.

Thank you for bringing these concerns to my attention. I want to assure you my department and NHSE recognise these issues and are continuing to work closely together to improve integrated care for those with substance use issues. I hope this response is helpful.

Yours sincerely,

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**PARLIAMENTARY UNDER-SECRETARY OF STATE FOR PUBLIC HEALTH AND
PREVENTION**