Department of Health & Social Care

[redacted]

Parliamentary Under-Secretary of State for
Women's Health and Mental Health

39 Victoria Street
London SW1H 0EU

[redacted]

Professor Paul Marks
The Guildhall
Alfred Gelder Street
Hull
HU1 2AA

[redacted]

3rd November 2025

Dear Professor Marks,

Thank you for your Regulation 28 report of 12 August 2025 sent to the Minister of State at the Department of Health and Social Care, about the death of Chloe Louise Barber. I am replying as the Minister with responsibility for mental health.

Firstly, I would like to say how saddened I was to read of the circumstances of Chloe's death, and I offer my sincere condolences to her 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.

Your report raises concerns over the transition between children and young people's mental health services and adult mental health services; a lack of guidance around administering depot preparations of antipsychotic medication; and the provision of aftercare following discharge from mental health care. In responding, I have liaised with NHS England.

We know that the transition from children and young people's mental health services to appropriate support from adult mental health services can be challenging for some young people and that more needs to be done to improve patient experience and outcomes at this critical stage. A key priority for children and young people's mental health services is ensuring continuity of care and a smooth transition for patients moving to adult services. NHS England released funding in 2022/23 to transform and focus improvement on the young adult mental health pathway. In the year ending March 2025, the majority of integrated care boards reported improvement in the way they manage transitions to adult services. This includes removing rigid age-based thresholds for transition; involving young adults and their families/carers in decisions about their care; and ensuring there are strong working relationships and embedded shared responsibility between children and adults' mental health services.

NHS England is also developing a personalised care framework which sets out the core principles of care that people should expect when accessing mental health services. This will be applicable across children and young people's and adult services to help ensure that transitions are smooth and care is consistent across settings.
Turning to your concerns about the administration of depot preparations of antipsychotic medication, prescribing guidelines on Depot Antipsychotic Medication Prescribing and

Administration are available for healthcare professionals in the Hull and East Riding Area.at: https://www.hey.nhs.uk/herpc/prescribing-guidelines/ (under Central Nervous System).

In general, the Department expects healthcare professionals to work within the limits of their clinical competence. For example, all medical doctors, physician assistants and physician assistants in anaesthesia registered with the General Medical Council (GMC), must meet the expected standards set out in the GMC's *Good medical practice*[1] to work in the UK. Doctors must also hold a licence to practise. *Good medical practice* states that doctors must propose, provide or prescribe drugs or treatment based on the best available evidence, and only when they have adequate knowledge of the patient's health and are satisfied that the drugs or treatment will meet their needs. Failure to uphold and adhere to the principles within *Good medical practice* and related guidance will put a professionals' registration with the GMC at risk. If a concern is raised about a professional's fitness to practise, the GMC has a statutory duty to investigate and take action to safeguard the health and well-being of the public where necessary.

With regard to your concerns around a lack of knowledge amongst some healthcare staff and social workers about section 117 aftercare, it is vital that organisations across the health system work together to ensure effective discharge planning and the best outcomes for people who are discharged from hospital. Section 117 of the Mental Health Act places a joint duty on local authorities and integrated care boards, in co-operation with voluntary agencies, to provide or arrange for the provision of aftercare to patients detained in hospital for treatment under section 3 (and some other sections) who then cease to be detained.

We are aware that there can sometimes be disagreements between organisations as to which one should be responsible for aftercare under section 117, which can delay access to aftercare. To address this, statutory guidance on discharges from mental health inpatient settings[2] was published in January 2024 which provides clarity in relation to how organisations across the health system work together to ensure effective discharge planning and the best outcomes for people who are discharged from hospital. It includes additional guidance on how budgets and responsibilities are shared to pay for aftercare under section 117. Integrated care boards, as commissioners of health services in their areas, should ensure that all providers of mental health services are aware of this guidance.

Further to this, the Mental Health Bill, currently being considered by Parliament, will amend section 117 to apply the existing 'deeming rules' under social care legislation to the determination of ordinary residence, to identify which local authority is responsible for arranging section 117 aftercare to an individual patient. These rules already exist under the Children Act 1989, the Care Act 2014 and the Social Services and Well-being (Wales) Act 2014. The deeming rules will also more closely align the local authority, social care and integrated care board rules for determining where a person is 'ordinarily resident' for the purposes of section 117, aiming to support the joint provision and planning for aftercare services. Our intention is that the deeming rules will add clarity and consistency to an often-litigious system.

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[1] https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice [2] https://www.gov.uk/government/publications/discharge-from-mental-health-inpatient-settings/dischargefrom-mental-health-inpatient-settings

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

All good wishes,

PARLIAMENTARY UNDER-SECRETARY OF STATE FOR
WOMEN'S HEALTH AND MENTAL HEALTH