






Department
of Health &
Social Care


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

39 Victoria Street
London
SW1H 0EU


Mr Joseph Turner
Coroner
Woodvale
Lewes Road
Brighton
BN2 3QB


15 January 2026

Dear Mr Turner,

Thank you for your Regulation 28 report of 11 October 2025 sent to the Secretary of State about the death of Sarah Louise Healey. I am replying as the Minister with responsibility for mental health, and I am grateful for the additional time you have allowed for me to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Ms Healey'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 triangle of care model not including wider services, resulting in a lack of comprehensive assessment and effective care planning; the need for a more collaborative, joined-up approach between services; and the lack of a national policy requiring regular face-to-face reviews.

In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns.

Regarding your concerns around the care model not including wider services, NHS England has advised me that it continues to support systems to improve care for people with severe mental health problems needing help from secondary mental health services, and will shortly publish new guidance, the Personalised Care Framework. This guidance will set out the core aspects of care for people who require help from secondary or integrated primary, voluntary, community and social enterprise and secondary care mental health services. This has already been shared as a draft with systems to facilitate early adoption.

This new guidance will also set out the core principles that all people using NHS-commissioned community mental health, crisis and inpatient services should:

- have a care and support plan that is current and that is reflective of the needs of the person at that point, and is developed with the service user, involving their carer or family member when needed, as agreed with the service user;
- have a person within the service responsible for their care and support plan and for developing a trusted therapeutic relationship;
- be able to have their care and support plan reviewed when things change, as well as be able to quickly re-access help when they need to (such as when their mental health deteriorates following a period of stability).

This work builds upon the groundwork laid through the increased investment in transforming services as part of the NHS Long Term Plan, alongside the development of new waiting times measures for accessing community mental health services.

As your report has highlighted, better integration is needed between physical and mental health care provision. Through our 10-Year Health Plan, we are delivering a shift from hospital to community. As part of this, we have launched the National Neighbourhood Health Implementation Programme. Neighbourhood Health Services will bring together teams of professionals closer to people's home - nurses, doctors, social care workers, mental health professionals and more – to work together to provide comprehensive care in the community. This will support systems across the country by driving innovation and integration at a local level, to accelerate improvements in patient outcomes and satisfaction and ensuring care is more joined-up, accessible, and responsive to community needs.

I note that Ms Healey was suffering with avoidant restrictive food intake disorder (ARFID), among other conditions. The Department is working with NHS England to improve community-based eating disorder services, including crisis care and intensive home treatment. These improvements are aimed at boosting recovery, reducing relapse, preventing eating disorders from continuing into adulthood and, where admission is required as a last resort, reducing lengths of stay. NHS England continues to work with eating disorder services and local commissioners to improve access to treatment, including for those presenting with ARFID.

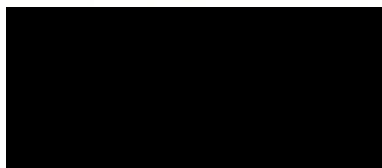
Regarding your concerns around the lack of national policy on conducting face to face appointments, while we aim to deliver a shift from analogue to digital through the 10-Year Health Plan, we recognise that, for some patients, in-person appointments are needed. I understand that community mental health teams often provide face-to-face assessments and follow-up reviews based on individual need, and NHS guidance for mental health services (such as NHS Talking Therapies) states that services should offer a choice of in-person or remotely delivered therapies, although the primary consideration is always the clinical appropriateness of the care, and the clinician's professional opinion will be central to the decision.

In addition, if an individual has a disability, a mental health condition, or any other impairment that makes remote appointments difficult, the NHS has a duty to make reasonable adjustments under the Equality Act 2010, which can include providing face-to-face care. However, generally speaking, the availability of in-person appointments is

determined locally and there are currently no plans to develop national policy on that issue.

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

Yours sincerely,

A large black rectangular box redacting the signature of the Parliamentary Under-Secretary of State.A black rectangular box redacting the name of the Parliamentary Under-Secretary of State.

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