



Department
of Health &
Social Care

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

39 Victoria Street
London
SW1H 0EU

████████████████████
Ms Elizabeth Wheeler
HM Coroner
Cheshire Jurisdiction

████████████████████
01 May 2026

Dear Ms Wheeler,

Thank you for the Regulation 28 report of 12 March 2026 sent to the Department of Health and Social Care about the death of Tania Louise Jarman. I am replying as Parliamentary Under-Secretary of State for Women's Health and Mental Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Ms Jarman'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 that there is a long standing and well publicised concern that there are fewer mental health beds than patients who are assessed as needing these. This situation is ongoing and continues to pose a risk to life. In addition, the fact that this situation is long standing now raises the risk that clinical decisions as to bed referrals may use an artificially elevated threshold for referral because decisionmakers are "hardened". This potentially denies beds to patients who do in fact have a clinical need for them.

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

System flow

Following this, I understand that NHS Cheshire and Merseyside have been working with system partners for over two years to improve mental health system flow, supporting timely access to services appropriate to meet the needs of the individual patient. NHS England have also, through the Enforcement Undertakings, set out that there needs to be demonstrable improvement in mental health long waits in Emergency Departments (EDs) across Cheshire and Merseyside.

NHS Cheshire and Merseyside have an agreed Mental Health Improvement Plan for Urgent and Emergency Care (UEC). The Mental Health (UEC) Improvement Plan was agreed by the Cheshire and Merseyside Urgent and Emergency Care Board on 15th October 2025, with actions to implement the plan taking place simultaneously with providers in the Cheshire and Merseyside system.

The development of the Mental Health (UEC) Improvement Plan has been undertaken through the Cheshire and Merseyside Mental Health Programme, specifically through the Crisis Care workstream. The Plan was endorsed by NHS Cheshire and Merseyside's Quality and Performance Committee on 12th March 2026 and will be refreshed for 2026/27. The Plan includes actions to improve access to crisis services and, where appropriate, mental health beds.

NHS Cheshire and Merseyside's commissioning intentions, agreed with mental health providers, state that in 2026/27 we will "build on the existing mental health Urgent and Emergency Care (UEC) plan to scope single offer for Cheshire and Merseyside" and ensure full implementation in 2028/29. This will include the continued development of the Mental Health Crisis Assessment Service (MHCAS) offer, aligning with the MTPF that states ICBs and mental health providers should develop a plan for delivering their local approach to establishing mental health emergency departments (also known as MHCAS). They are also exploring how the development of 24/7 Neighbourhood Mental Health Centres, also required in national planning guidance, can be incorporated into this offer.

Plans are in place, based upon the capital allocations over the next four financial years (until 2029/30), to establish MHCAS across the whole of Cheshire and Merseyside. There are also plans to ensure that there is at least one 24/7 Neighbourhood Mental Health Centre per borough by 2029/30.

Model of Care

ICBs are currently delivering their 3-year plan to realise the aims of the Mental Health Inpatient Commissioning Framework (NHS England 2024); with the Medium-Term Planning Framework (MTPF) reiterating the expectation that ICBs only commission models of hospital care in line with this framework from 2027/28 onwards. The framework makes it clear hospital care should be as close to home as possible, and inclusive - and not determined by exclusion criteria.

Culture of Care Standards

NHS England also published co-produced Culture of Care Standards for Mental Health Inpatient Services in 2024 and delivered a multi-year support programme to embed them, ending in March 2026. Having people's unique needs understood and met is a core standard. All NHS and major independent providers participated in the support programme, which includes Ward Leader Development Training, executive mentoring and support, and support in embedding quality improvement methodologies.

CQC response

CQC have shared the following response to this report. As reported in the Care Quality Commission's (CQC) 2024/25 State of Care report¹, a high demand for services and long waits for mental health care are well-known. These are longstanding challenges that have been exacerbated in recent years by the impact of the COVID-19 pandemic, austerity, the

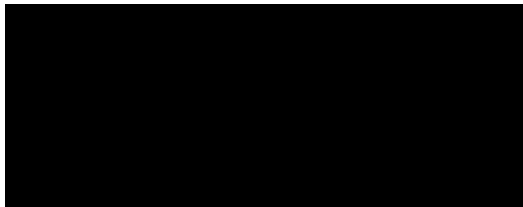
¹ [Care Quality Commission's \(CQC\) 2024/25 State of Care report](#)

cost-of-living crisis and challenges with housing. Over the last 5 years, CQC have consistently reported their concerns that when people cannot get the care they need when they need it, their mental health can deteriorate, and they may then end up requiring urgent and emergency care.

The 2024/25 report states that although more care is being provided in the community, access to hospital care is becoming more challenging because of higher thresholds, delayed discharges and fewer beds. For bed in inpatient services, on average in 2024/25, the bed occupancy rate (for all mental health overnight beds) was 90%, remaining above the recommended 85% threshold. For services such as acute admission wards, usual occupancy rates are higher than the average.

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

Yours sincerely,



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