Department of Health & Social Care

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

39 Victoria Street
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[redacted]

Mr Joseph Turner
HM Coroner
West Sussex, Brighton & Hove

[redacted]

09 June 2026

Dear Mr Turner,

Thank you for the Regulation 28 report of 2 April 2026 sent to the Secretary of State for the Department of Health and Social Care about the death of Alex Ganski**.** 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 Alex Ganski's death, and I offer my sincere condolences to his 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 specific concerns that the report raises were

- There was no– and nationally there appears to be no- policy, guidance or structure which would enable a designated lead, or 'single point of contact' with full oversight of, and (more importantly) authority over, Alex's care– taking particular account of his young age.
- This represents a 'care gap' and missed opportunity whereby a nominated lead could ensure that each incident, attendance, relapse or overdose was alerted to those other agencies, organisations or providers who would need to know or who may benefit from knowing of the occurrence. And then– critically- directing and assuring the right treatment or long-term intervention to follow.
- The sharing and updating of information regarding Alex's multiple health and drug issues was fragmented, in the absence of clear, national protocols and requirements as to the informing and alerting of new incidents, treatment, or other change in mental or physical health or addiction.
- It also notes the Plexus Care Record initiative in this local area (Plexus Care Record) but the evidence was that this is voluntary, and that not all providers or agencies are able or willing to connect or provide their records and share information.

You also heard evidence that this is a local but not national initiative and hence information and record sharing elsewhere may be worse. As such the situation is ameliorated by local changes but appears to be a wider and national issue. Another concern was that there

was no simple mechanism or designation across the various patient record systems for those who may become involved with Alex, to know of the significant wider and historical health and drug misuse issues, in the absence of his own willingness or ability to fully disclose these at each turn.

We know that people with co-occurring substance use and mental health needs too often do not receive the integrated, person-centred care they require and deserve. I want to assure you that the Department of Health and Social Care (DHSC) is taking action on this important issue to improve the standards of care and integration of services for those with co-occurring substance use and mental health needs. In December 2025, DHSC and NHS England (NHSE) jointly published the Co-occurring Mental Health and Substance Use Delivery framework: https://www.gov.uk/government/publications/co-occurring-mental-health-and-substance-use-delivery-framework.

The delivery framework builds on previous guidance, such as National Institute for Health and Care Excellence (NICE) guideline Coexisting severe mental illness and substance misuse (NG58), Public Health England (PHE) Better care for people with co-occurring mental health, and alcohol and drug use conditions and NHS England's Community mental health framework for adults and older adults.

The delivery framework includes recommended actions on how the health system can also work together to improve coordinated care. These recommended actions include an ask for services and clinicians to develop multidisciplinary teams to encourage collaborative case management and establishing joint working protocols between drug and alcohol services and mental health services. Furthermore, both the NICE and PHE guidance state the need for coordination of care, including appointing a named care coordinator for every person with co-occurring needs.

However, as indicated in your report on the circumstances surrounding Mr. Ganski's death, compliance with guidance on co-occurring conditions has been limited to date, and the delivery framework aims to improve that. The framework commits DHSC and NHSE to deliver several national actions to improve delivery of integrated, person-centred care across drug and alcohol treatment and mental health services.

These actions include the commitment to publish guidance on the statutory duty to co-operate issued under the Health and Care Act 2012. This guidance, which is currently in development, will define how local authorities and NHS bodies should work together to achieve positive health outcomes for people with co-occurring needs. The duty to co-operate guidance will be supported by an accompanying quality standard checklist for joint care planning. DHSC will develop the checklist tor support implementation of the duty to co-operate guidance when agreeing care plans. This will enable more consistency between mental health services and drug and alcohol services.

The Staying Safe from Suicide guidance applies to all mental health practitioners in the NHS, private or charity sectors and the eLearning is available free to all. The guidance, alongside e learning for practitioners, ensures that frontline staff are working to the latest evidence in identifying and managing suicide risk. It is now a requirement within the NHS

Medium Term Planning Framework that mental health practitioners across all providers undertake training and deliver care in line with this guidance.

The Personalised Care Framework also looks to improve continuity, clarity and safety by ensuring people experiencing serious mental illness have a named professional coordinating their care, a care plan that reflects their needs now, quicker re-access to support when things deteriorate, and more consistent standards of good care wherever they live. The Personalised Care Framework has been shared in draft with NHS organisations ahead of its expected publication.

Regarding your concerns raised in relation to sharing information and data between services and clinicians, the delivery framework also states that all service providers need to work together with all relevant local services to agree data sharing arrangements that reflect the needs of people with a co-occurring mental health and substance use need. This is also in line with the NICE guidance recommendations on information sharing, 1.4.6 and 1.4.7. Work is ongoing alongside NHSE and sector partners to overcome barriers to data sharing between services.

Through our wider children and young people's mental health reforms, we are working to strengthen clear clinical leadership and oversight, multiagency working, and information sharing, so that no child falls through gaps between services.

That is why children and young people's mental health is a core pillar of our 10 Year Health Plan. Our goal is a preventative, person centred approach to mental health, a system where support begins early, in schools and communities; where no young person falls through the cracks; and where children and families are listened to, engaged with, and supported in ways that reflect their reality.

Transforming the system will take time, but we are already making progress by tackling longstanding structural challenges, expanding early support, building the workforce, modernising legislation, investing in innovation, and aligning national ambition with strong local leadership.

Alongside this we are reducing the longest waits for specialist services, embedding mental health support for young people within new Young Futures Hubs, and accelerating the rollout of Mental Health Support Teams across England to reach full national coverage by 2029. These teams are designed to support earlier identification of risk, rapid information-sharing between services and clearer pathways into longer-term support where required.

We also recognise the importance of continuity of care during the transition to adult services. As such, we expect to develop bespoke guidance in the revised Mental Health Act Code of Practice on the care and treatment of patients who are under 18. This will account for the specific needs and vulnerabilities of this cohort and will cover the critical issue of transition to adult services.

Finally, the new developmental service specification for children and young people's intensive mental health services will no longer require the provider to routinely

transfer or discharge a young person at their 18th birthday. This decision will be based upon the view of the clinical team, and if they believe that the young person is receiving appropriate therapeutic care which would be disrupted by a transition to other services; then until that period of care is completed and the appropriate arrangements are in place they can remain in children and young people's services. The developmental service specification is currently being tested using existing resources, with the aim of learning from this phase before full publication and onward implementation, subject to funding.

You may also be interested in the following publication of guidance to support transitions for CYP across multiple services NHS England » Supporting young people to transition into adolescent and adult services

In preparing this response, my officials have made enquiries with NHS England and the Care Quality Commission to ensure we adequately address your concerns. Upon reviewing your report, our NHSE colleagues felt it was more appropriate to reply directly to you as you highlight the concerns that the absence of any national guidance/advice to frontline emergency crews. You may want to address your report to NHSE, so that they can also address your concerns. I have asked to see a copy of their reply.

CQC have shared the following information regarding Mr Ganski's death:

Plexus allows practitioners to securely access relevant patient information as part of the shared health and care record. This includes name; date of birth; gender, address, contact details, NHS number to help identify you correctly; name and address of your GP, details of medications etc, community and mental care plans as we all adult social care data.

Plexus currently allows sharing of patient data between organisations that were in the Sussex Health and Care partnership, which is now known as NHS Surrey and Sussex ICB:

- GP practices
- University Hospitals Sussex NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- Queen Victoria Hospital
- Sussex Community NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- East Sussex County Council
- West Sussex County Council
- Brighton & Hove Council
- Sussex Care homes & Domiciliary Care

There are similar initiatives in other parts of the country, but not in all areas.

CQC inspected mental health crisis services and health-based places of safety at Sussex Partnership NHS Foundation Trust in June 2025. The report is yet to be published and we are unable to provide a timeline for when that will happen.

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