



Department
of Health &
Social Care

██████████
Parliamentary Under Secretary of State
Department of Health and Social Care

39 Victoria Street
London
SW1H 0EU

November 09 2022

██████████
Sean Horstead
Coroners Office
Seax House
Victoria Road South
Chelmsford, Essex
CM1 1QH

Dear Mr Horstead,

Thank you for your letter of 8 February 2022 to the then Secretary of State for Health and Social Care, about the death of John Moore. I am replying as Minister with responsibility for Mental Health, and thank you for the additional time allowed.

Firstly, I would like to say how deeply sorry I was to read the circumstances of Mr Moore's death and I offer my most heartfelt condolences to his family. We must do all we can to ensure such failings in care do not occur again. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

In preparing this response, Departmental officials have made enquiries with NHS England, as well as the relevant regulator in this instance, the Care Quality Commission.

You may find it useful to know that the NHS Long Term Plan¹ sets out our ambitious investment in community mental health services for adults with severe mental illness. As a result, since April 2021, all areas are receiving significant additional, ring-fenced funding to develop fully integrated primary and community mental health services built around Primary Care Networks. This investment includes an improved access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use. By 2023/24, this investment will amount to almost £1 billion extra per year for adults and older adults with severe mental illness.

Twelve early implementer sites have been in receipt of ongoing transformation funding since 2020 to test these new integrated models of primary and community mental health care in line with Long Term Plan and the Community Mental Health Framework for Adults

¹ <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>



and Older Adults².

All integrated care systems have started work to transform their community mental health pathways from 2021/22 in line with published guidance, and ensure the transformed models exist in all primary care networks by 2023/24. These models will enable people with severe mental illness to have greater choice and control over their care and support them to live well in their communities.

With regard to mental health and homelessness more generally, in 2019 NHS England announced that, as part of the NHS Long Term Plan, £30 million would be used to establish new specialist mental health provision for people sleeping rough in those parts of England most affected by rough sleeping. The ambition was for new specialist mental health provision for people who sleep rough to be established in 20 high-need areas by 2023/24. The NHS has already met and exceeded this ambition, having now established 23 sites, one of which has opened in Southend, Essex during 2021/22.

These services are part of co-ordinated efforts to ensure that people who sleep rough have better access to NHS mental health support – joining up care with existing outreach, accommodation, drug and alcohol and physical healthcare services. They bring together doctors, nurses and other clinicians to co-ordinate treatment and support with other local organisations including councils. In each area, outreach teams – comprising NHS and local authority staff – identify rough sleepers in need of help, support them to access a GP and then on to the new expert psychiatric help.

Furthermore, during 2021 and 2022 we have provided £16million to develop, implement and learn from the adoption of new ‘out of hospital care’ models for people experiencing homelessness. This funding provides wrap-around care for people at risk of homelessness on discharge from hospital in 17 areas.

I would also like to assure you that we are committed to working with the suicide prevention sector, and more broadly, over the coming year to review our 2012 Suicide Prevention Strategy for England. We have worked closely with the Zero Suicide Alliance and Royal Colleges to publish a refreshed consensus statement and accompanying guidance, that will support frontline staff in sharing information if someone is at risk of suicide.

We are investing an additional £57million in suicide prevention by 2023/24 through the NHS Long Term Plan. This will see investment in all areas of the country to support local suicide prevention plans and the development of suicide bereavement services. In addition

² <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>



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to this, we also provided an extra £5 million in 2021/22, to be made available specifically to support suicide prevention voluntary and community sector organisations.

In December 2021, we launched our £4 million Suicide Prevention Grant Fund for voluntary and community sector organisations, to support them to continue to deliver vital suicide prevention services. And in February 2022, we announced an additional £1.5 million to top-up the existing grant fund. This additional funding will further help support the suicide prevention voluntary and community sector to meet the needs of people at risk of suicide, or in crisis.

Finally, I would add that, the Essex Mental Health Independent Inquiry has recently been set up to investigate matters surrounding the deaths of mental health inpatients in NHS Trusts across Essex, including the Essex Partnership University NHS Foundation Trust, between 2000 and 2020.

The Inquiry is currently gathering evidence which will then inform its recommendations to Government on what changes may be needed to improve mental health inpatient care, both in Essex and wider systems. [REDACTED]

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

Kind regards,

