

Sean Horstead
Area Coroner,
Essex and Thurrock Coroner's Service,
Essex County Council,
County Hall,
Chelmsford
CM1 1QH

**National Medical Director and Interim
Chief Executive of NHS Improvement**
NHS England & NHS Improvement
Skipton House
80 London Road
London
SE1 6LH


18 May 2022

Dear Mr Horstead

Re: Regulation 28 Report to Prevent Future Deaths – John David Moore who died on 10 June 2021

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 8 February 2022 concerning the death of John David Moore on 10 June 2021. I would like to express my deep condolences to John Moore's family.

I would like to apologise for the length of time this response has taken.

I note the inquest concluded that Mr Moore's death was as a result of suicide, with a medical cause of death of:

1a Fatal pressure on the neck

Following the inquest, you raised concerns in your Report that you have heard evidence at a number of recent inquests held in your jurisdiction concerning the deaths of individuals with a history of involvement with EPUT Mental Health Services. In particular that Care Co-ordinators receive inadequate training for their roles, which involve carrying significant responsibilities to coordinate the care provided to an often extremely vulnerable cohort of patients. I note that your concerns include common themes in respect to the inadequate performance of several EPUT care coordinators, namely inadequate record keeping, updating care plans and risk assessments, inadequate communication with other primary and secondary providers, insufficient attention to the potential clinical significance of 'disengagement' with services by patients and the failure to raise relevant issues at Multi-Disciplinary Team meetings or in supervision with supervisors.

The EPUT response has been shared with NHS England and Improvement and I am assured that the actions will deliver on your concerns about the training of the current Care Coordinators.

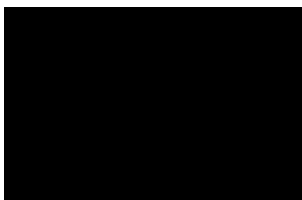
The [NHS Long Term Plan](#) sets out ambitious investment in community mental health services for adults with severe mental illness. From April 2021 all areas are receiving significant additional, ring-fenced funding to develop fully integrated primary and community mental health services built around Primary Care Networks (PCNs) which includes 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.

12 early implementer sites have been in receipt of ongoing transformation funding since 2019/20 to test new integrated models of primary and community mental health care in line with LTP and [the Community Mental Health Framework for Adults and Older Adults](#).

All Integrated Care Systems (ICSs) 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 PCNs 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.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



National Medical Director and
Interim Chief Executive of NHS Improvement