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Parliamentary Under-Secretary of State for
Patient Safety, Women's Health and Mental Health

39 Victoria Street
London SW1H 0EU

Department of Health & Social Care

[redacted]

Mr Hassan Shah
Assistant Coroner for Northamptonshire
The Guildhall St
Giles' Square
Northampton
NN1 1DE

[redacted]

13 January 2025

Dear Mr Shah,

Thank you for your Regulation 28 report of 18 October 2024 sent to the Secretary of State for Health and Social Care about the death of Mr Robin Andrew Ward. I am replying as the Minister with responsibility for mental health.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Ward's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are deeply concerning and I am grateful to you for bringing these matters to my attention. Thank you also for the additional time provided to the Department to provide a response to the concerns raised in the report.

Your report raises concerns over local and national pressures regarding the provision of acute mental health beds, which can lead to the use of out of area acute beds and crisis houses as an alternative - which may not offer the same level of clinical capacity and safe environment as a hospital setting. It also raises concerns about the long waiting times to access an NHS psychological assessment.

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

I am sure you will appreciate that the number of mental health inpatient beds required to support a local population is dependent on both local mental health need and the effectiveness of the whole local mental health system in providing timely access to care and supporting people to stay well in the community, therefore reducing the likelihood of an inpatient admission being necessary. I also recognise that mental health services have been under significant strain in recent years due to the rise in demand and the Department will continue to work with the NHS to maximise capacity.

Over the past few years, NHS England has been developing a new community mental health framework to improve community support for people with severe mental illness, with the aim of improving patient care and avoiding the need for an inpatient admission where possible, thus freeing up more beds.

NHS England's 2024/25 priorities and operational planning guidance reinforces this focus on improving patient flow as a key priority – with local health systems directed to reduce the average length of stay in adult acute mental health wards to deliver more timely access to local beds. And in areas where there is a clear need for more beds, this has been addressed in part through investment in new units, as part of a whole system transformation approach.

Turning to the role of crisis houses, these play an important role in local crisis response systems by reducing the demands on busy emergency mental health services, allowing them to deal with the most serious cases. They also provide a more familiar and therapeutic alternative to a clinical hospital setting for people who are experiencing distress or crisis. In the Autumn Budget 2024 we committed £26 million in capital investment to open new mental health crisis centres to reduce the pressure on busy A&E services and ensure more people get the support they need when they need it.

Local integrated care boards (ICBs) and commissioning partners such as local authorities have flexibility to decide how to arrange the provision of crisis houses and similar facilities in their local area. However, in providing this flexibility, we expect crisis house services to be designed in a way which aligns with national requirements and guidance and local structures, to ensure appropriate safeguarding processes are in place.

Where there are concerns about the provision provided in specific crisis houses, local ICBs and/or local authorities are best placed to address these as the organisations responsible for decisions about the provision of services in their area. I have asked NHS England to provide me with a report from the ICB detailing the local position so that I can understand what actions are being taken locally to prevent such a case from happening again.

Finally, turning to your concerns around long waiting times to access a psychological assessment, it is unacceptable that too many people are not receiving the mental health care they need when they need it and we know that waits for mental health services are far too long. We are determined to change that. As part of our mission to build an NHS that is fit for the future and that is there when people need it, we will make sure that mental health care is delivered in the community where appropriate, close to people's homes, through new models of care and support, so that fewer people need to go into hospital. We will also recruit an additional 8,500 mental health workers to cut waiting times and provide faster treatment which will also help ease pressure on busy mental health services. These new workers will be specially trained to support people at risk of suicide.

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

Yours sincerely,

PARLIAMENTARY UNDER-SECRETARY OF STATE FOR PATIENT SAFETY, WOMEN'S HEALTH AND MENTAL HEALTH