



Department
of Health &
Social Care

*From Maria Caulfield MP
Parliamentary Under Secretary of State
Department of Health & Social Care*

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Lynn Emslie
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9 May 2024

Dear Lynn,

Thank you very much for your letter of 11th April outlining your concerns in relation to deaths in custody, patient safety and access to care. I am grateful to you for the work that you and the panel continue to do to provide advice to me and my Ministerial colleagues on this important issue.

We recognise that data in relation to the safety of patients in mental health inpatient pathways needs to be improved. This is why last year I commissioned Dr Geraldine Strathee to conduct the Rapid Review into Data and Evidence on Mental Health Inpatient Pathways, which was published in June 2023. My officials and I are leading work to deliver on the recommendations from the Rapid Review, and I am grateful to you and your colleagues on the IAPDC for your support with this vitally important work, especially around data on deaths in inpatient services. Taking forward the recommendations from the Rapid Review will be critical to addressing this longstanding issue.

Thank you for providing me with a copy of your statistical analysis of deaths in custody between 2017 and 2021. I understand that conversations are ongoing between my officials and the secretariat for the Ministerial Council on Deaths in Custody about the findings, implications and methodology of the report, and I note its conclusions and recommendations.

Thank you for raising the issue of establishing an independent investigatory body into deaths among people detained under the Mental Health Act 1983. Anyone receiving treatment in an inpatient mental health facility deserves to receive safe, high-quality care and to be looked after with dignity and respect, and families, staff and the public deserve answers when things go wrong. I recognise that this is something the panel has advocated for, and I understand that your colleagues are intending to speak with my officials to share your thinking in more detail. However, there are a range of existing mechanisms for the investigation of deaths in MHA detention, involving NHS England, CQC and the coroner's office, and the Government cannot commit to establishing a new body at this stage.

As you will be aware, I am Minister responsible for patient safety in all settings, not just mental health. To improve safety across all health services, including mental health, I have asked my officials to prioritise learning from Prevention of Future Deaths reports issued by coroners and using intelligence from these reports when seeking to improve health outcomes.

Regarding the transfers of prisoners from prison to mental health inpatient services, as you will be aware Justice Ministers have formal responsibility for policy in this area, including the reforms to Part III of the Mental Health Act. The Government remains committed to bringing forward a Mental Health Bill and will do so when Parliamentary time allows. At an operational level, NHS England are working closely with justice officials and taking steps to address some of the barriers to timely transfers from prison to secure hospital, including improving the way data is collected and monitored, reviewing and improving the referral process, and providing training to prison staff. They have also established the Mental Health and Justice Strategic Advisory Group to provide clinical leadership, advice and oversight across the secure pathway.

On Community Sentence Treatment Requirements (CSTRs), as you will know there are three different types of CSTR; these are Alcohol Treatment Requirements (ATRs), Drug Rehabilitation Requirements (DRRs) and Mental Health Treatment Requirements (MHTRs). As ATRs and DRRs are the responsibility of Justice Ministers, I encourage you to raise your concerns on those with my colleagues at the Ministry of Justice. With regards to MHTRs, I am pleased to say that the Primary Care MHTR rollout is currently at 82% coverage of all criminal courts in England, with 100% coverage expected by the end of 2024. NHS England are also working with health and justice partners to explore ways to increase the use of secondary care MHTRs.

NHS England have commissioned the Institute for Public Safety, Crime and Justice at Northampton University to conduct an evaluation of the effectiveness of primary care MHTRs. This is currently underway and is due to be completed by mid-2025. Findings thus far have demonstrated that MHTRs lead to significant health improvements, with 80% of those completing their MHTR between July 2020 and January 2023 showing a positive and reliable change in their mental distress, anxiety, and depression.

In addition, through the NHS Long Term Plan, we are expanding and transforming NHS mental health care over the course of 10 years. The NHS forecasts that, between 2018/19 and 2023/24, spending on mental health services has increased by £4.7 billion in cash terms, compared to the target of £3.4 billion set out at the time of the NHS Long Term Plan. We're set to reach nearly £1 billion additional annual funding invested by 2023/24 (compared to 2018/19) to transform community mental health services. In 2022/23, 288,000 people with severe mental illness accessed support through new integrated models of community care.

I would like to thank you and the IAPDC for the important work you do and I look forward to our further discussions at the upcoming Ministerial Board on Deaths in Custody.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Maria'.

MARIA CAULFIELD