



Department
of Health

*Rt Hon Alistair Burt MP
Minister of State for Community and Social Care*

*Richmond House
79 Whitehall
London
SW1A 2NS*

Tel: 020 7210 4850

POC3000940554
Mr J. Pollard
Senior Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

1 8 JUN 2015

Dear Mr Pollard,

Thank you for your letter of 16 April 2015 following the inquest into the death of Kesia Leatherbarrow. I was very sorry to hear of Kesia's death and wish to extend my sincere condolences to her family.

You found that there were missed opportunities for the many agencies involved in Kesia's care to obtain and collate information, to carry out adequate assessments of the information they held and to consider appropriate levels of support. Although no NHS bodies appear to have been involved directly with Kesia there are important learning points for both this department and the NHS.

Many of the issues you raise in your report concern the actions and lack of coordination of the local services. We have therefore shared your report with NHS England.

NHS England confirms that there was no nationally specified Liaison and Diversion (L&D) provision in Greater Manchester at the time of Kesia's death. These services identify, assess and refer people with mental health, learning disability, substance misuse and social vulnerabilities at first contact with the police and criminal justice system.

The NHS England Health & Justice North West Team is currently working with providers within the Greater Manchester area to develop L&D in line with the national specification. Extending the L&D national service specification to all of England will be dependent on approval by H.M. Treasury.

On the provision of mental health services generally, children, young people and those who care for them should be able to obtain high quality mental health care when they need it. The Children and Young People's Mental Health Taskforce, jointly chaired by the Department of Health and NHS England, has considered the specific issues facing highly vulnerable children and young people who find it particularly difficult to use appropriate services.

In March, the Government published a report of the Taskforce's work, *Future in Mind*. This sets out a national ambition to transform the design of services for children and young people with mental health needs. This includes linking services so pathways are easier to navigate for all, particularly the most vulnerable.

NHS England is reshaping the way these mental health services are commissioned and delivered over the next 5 years. Its current planning guidance, *Forward View into Action*, emphasises the importance of joint work across agencies. It has also published a model service specification for child and adolescent mental health services to assist local commissioners in commissioning services involving multiagency care.

NHS England will prioritise further investment (announced in the Autumn Statement and recent budget) in those areas that have published Local Transformation Plans aligned with the overarching principles described in the *Future in Mind* report.

From April 2016, NHS England will take on commissioning responsibility for healthcare for people in police custody. A partnership board of NHS England and the 40 English police forces will take this work forward. Further background information can be found at:

<http://www.england.nhs.uk/commissioning/health-just/>

I hope that you find this reply helpful and that the actions being taken give some reassurance to you and Kesia's family of the importance of improving provision. I am grateful to you for bringing the circumstances of her death to my attention

Yours sincerely
Alistair Burt

ALISTAIR BURT