19 DEC 2016

Department of Health

From Nicola Blackwood MP
Parliamentary Under Secretary of State for Public Health and Innovation

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15 December 2016

Dear Mr Rheinberg

Thank you for your letter to Secretary of State about the death of Mr Dermott. I am responding as the Minister with responsibility for prison health services at the Department of Health. Please accept my apologies for the delay in responding.

I was saddened to read of the circumstances surrounding Mr Dermott's death. Please pass my condolences to Mr Dermott's family and loved ones.

The safety and wellbeing of prisoners should be paramount which includes delivering high quality physical and mental health services that meet the needs of prisoners. The Department of Health is committed to working with the National Offender Management Service (NOMS) and NHS England, as the commissioner of health and justices services, to ensure that this happens. However, you have highlighted issues relating to Mr Dermott's care that demonstrate there is much more we need to do.

I would expect the prison service and NHS England to learn lessons where the care of Mr Dermott fell short of expectations in meeting his clinical needs and ensuring his safety, to prevent this happening again. I have ensured that colleagues at NOMS have received a copy of your report and asked them to write to you directly.

The Government is committed to improving all prison health services, including mental health treatments, which is why NHS England has allocated approximately £523m for health and justice commissioning, including spending on mental health services in prisons in England in 2016/17.

In February, the Government announced plans to trial six reform prisons, with full co-commissioning between governors and NHS England. Subject to a review of outcomes and performance, the Ministry of Justice will roll out this model across the prison estate in England from 2017, supported by new legislation. The aim is to ensure that health services provided in prisons are more closely matched to the often specific needs of a particular establishment.

Work is underway to improve the way health services in prisons are delivered including testing co-commissioning of health services between governors and NHS England, with governors having a greater say in defining prison health services in their prison, and budgets.

We also welcomed the Mental Health Taskforce's Five Year Vision for Mental Health in February which recommends a non-custodial, integrated health and justice pathway to support offender mental health needs in the community, including community sentences with a mental health treatment requirement (MHTR) and Liaison and Diversion (L&D) services. NHS England published an implementation plan in July to progress the NHS recommendations of the Five Year Vision and we will publish a strategic implementation plan later this year to progress the cross-Government recommendations.

Turning to the issues you raised in your report, you expressed concern that Mr Dermott's relapse into depression was not recognised and the jury concluded that his death by hanging was partly due to deficiencies in mental health care and failure to properly observe ACCT procedures.

You suggested that, mental health provision failings are endemic within prisons and that mental health facilities in prison are not adequate to address mental illnesses, justifying the need for a fundamental review. NHS England has been responsible for commissioning health and justice services since 2013. I am aware that Professor Sir Bruce Keogh, National Medical Director, NHS England wrote to you on 4 August setting out the ways in which NHS England is improving standards of care through improving service specifications and developing performance indicators to raise the quality of services across the board.

I also understand that Professor Sir Bruce Keogh's response has addressed the following other concerns:

i. inadequate consultant psychiatric support;
ii. lack of long- term care planning; and
iii. lack of continuity of care and lack of hospital facilities to deal with acute psychiatric problems.

All prisoners should be entitled to an equivalent range and quality of treatment and services from the NHS as people in the community can expect, according to clinical need. NHS England conducts health and wellbeing needs assessments for each prison on a regular basis to ensure that healthcare provision is commissioned to meet the needs of that establishment. Within prisons, a prisoner has a health assessment on arrival, particularly to establish the risk of self-harm and suicide and risk of harm from others. All prisons have on-site primary health care teams who should provide mental health care, refer to talking therapies or refer for a further psychiatric assessment for serious mental illness.

The specific issues you raise about the failure to properly observe Assessment, Care in Custody & Teamwork (ACCT) procedures are operational and should be addressed by NOMS.

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With regard to the referral of Mr Dermott to mental health services, we expect that prisoners that are clinically assessed as requiring mental health treatment in hospital should be transferred without unnecessary delay. However, I acknowledge that delays may occur and health and justice systems can work better together to make improvements. NHS England is now revising national guidance for ensuring the timely transfer of prisoners to hospital.

I hope that this information is useful. Thank you for bringing the circumstances of Mr Dermott's death to our attention.

Yours sincerely,

NICOLA BLACKWOOD