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Dear de Caryon

Thank you for your letter of 14 November 2016, following the inquest into the death of Mr David Knight. I was very sorry to hear of Mr Knight's death in May 2015 and wish to extend my sincere condolences to his family.

You have raised concerns about the availability of acute mental health beds nationally. As you will know, acute mental health beds are commissioned locally by clinical commissioning groups (CCGs) as they are best placed to assess and meet the needs of their local communities. You may be aware that the Commission to review the provision of acute inpatient psychiatric care for adults, led by Lord Crisp, published its review in 2015. The review found that access to acute mental health beds was not so much an issue of bed capacity but rather a problem of discharge policies and providing alternatives to hospital admission in the community. We are committed to providing a full response to the review by the end of 2016/17.

Over the past decade acute mental health bed capacity has steadily reduced reflecting the shift toward more provision of care in the community. However, we acknowledge that provision of effective community services varies. The lack of high quality community care in some areas, including crisis resolution home treatment care as a viable alternative to hospital admission, has placed pressure on beds. This has resulted in more people being admitted to hospital out of area.

We are committed to delivering the vision set out in the Five Year Forward View for Mental Health published last year. The Prime Minister reaffirmed the Government's commitment to this aim this month when she set out the Government's response to the Five Year Forward View and further mental health reforms.

We will eliminate clinically unnecessary out of area placements for adult acute mental health care by 2020/21 and will reduce significantly delayed transfers of care.

This will help people move easily between hospital and care in the community, ensuring that beds are available for those most in need. I appreciate that this will not happen overnight but we are committed to delivering change. Through the Five Year Forward View we will implement a comprehensive set of community-based mental health pathways of care so that people have access to care at the right time in the right place.

You have raised concerns about the quality of the risk assessment that was undertaken and the limited contact with Mr Knight's family by the mental health provider to support Mr Knight's leave in the community. These matters are the responsibility of the local health services. However, you may be aware that the Department published a revised Mental Health Act 1983 Code of Practice in 2015 which strengthened the guiding principles of the Code.

This included better involvement of patients' family, carers and friends in care to provide much needed support for patients to manage their conditions and to support recovery and independent living in the community. The Code of Practice is clear on the importance of undertaking robust risk assessments of patients to support care, including leave of absence. I expect all mental health providers to adhere to the Code of Practice.

I am encouraged to see the action that has been taken to improve pre-section 17 discharge planning by ensuring that local care teams and patients' families are involved in these arrangements. However, I would also expect the Kernow CCG to take action to improve local risk assessment processes where necessary to prevent a similar tragedy occurring in future.

I hope this response is helpful and I am grateful to you for bringing the circumstances of Mr Knight's death to my attention.

NICOLA BLACKWOOD

Yours sinevely