



Department
of Health

From Jackie Doyle-Price MP
Parliamentary Under Secretary of State for Mental Health and Inequalities

Department of Health and Social Care
39 Victoria Street
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Our reference: PFD 1131236

Mr Alan Wilson
HM Senior Coroner, Blackpool & Fylde
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12 June 2018

Dear Mr Wilson

Thank you for your letter of 28 April to the Minister of State for Health about the death of Ms Sara Antonia Moran. I am responding as Minister with portfolio responsibility for mental health.

I have noted carefully the circumstances you have outlined around Ms Moran's death and your concern about capacity within mental health services.

I should firstly point out that individual NHS Trusts are responsible for the number and type of staff they employ and for ensuring there is a sufficiency of staff trained and competent to carry out their duties.

Appropriate staffing levels are already a core element of the Care Quality Commission's (CQC's) registration regime underpinned by legislation. All providers of regulated activities must be registered with the CQC and meet the registration requirements. The 16 safety and quality requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 include a requirement for the deployment of sufficient numbers of suitably qualified, competent, skilled and experienced persons.

In July 2016, the National Quality Board published '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing*'¹. This safe staffing improvement resource provides an updated set of expectations for nursing and midwifery care staffing, to

¹ <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>

help NHS provider boards make local decisions that will support the delivery of high quality care for patients within the available staffing resource.

NHS Improvement is leading the national programme to develop and deliver NHS safe staffing improvement resources for specific care settings, including mental health. The National Quality Board published '*Safe, sustainable and productive staffing: An improvement resource for mental health*'², in January 2018. The resource outlines a systematic approach for identifying the organisational, managerial and environmental factors that support safe staffing. It makes recommendations for monitoring and taking action if not enough staff are available to meet people's needs.

On the matter of capacity within crisis resolution and home treatment teams (CRHTTs) specifically, we do recognise that, at present, further investment and development is required to ensure that all CRHTTs are adequately resourced to be able to offer safe, therapeutic crisis assessment and home treatment. Where they are resourced and operating in line with the evidence base, the evidence base demonstrates that they are able to achieve improved outcomes and experiences for people.

NHS England is committed to ensuring that by 2021 all CRHTTs are resourced to operate on a 24/7 basis, with enough staff to deliver intensive home treatment in line with the evidence base. This is being supported by new data collections to provide transparency about the large variation among clinical commissioning groups in terms of the resources they are providing to CRHTTs and other crisis and acute mental health services.

Delivering the expansion of CRHTTs is critical both to alleviate the suffering of individuals in crisis, but also to alleviate pressure on acute in-patient mental health care and tackle inappropriate and expensive acute out of area placements. Further information about the delivery of this commitment can be found in '*Implementing the Five Year Forward View for Mental Health*'³, published in July 2016.

On workforce, we acknowledge that the mental health workforce is facing pressures and this is why Health Education England (HEE), in conjunction with NHS England and NHS Improvement, published '*Stepping Forward to 2020/21: Mental Health*

² <https://improvement.nhs.uk/resources/safe-staffing-mental-health-services/>

³ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>



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*Workforce Plan for England*⁴, in July 2017. The mental health workforce plan is a fully-researched and considered response to the commitments made in both the ‘*Five Year Forward View for Mental Health*’⁵ and ‘*Future in Mind*’⁶.

Working with the Royal Colleges, trainees and mental health charities, HEE will develop an urgent action plan to attract and retain more clinicians to work in mental health services and psychiatry. HEE will also commission focus groups and polls of potential and existing trainees so it can better understand the obstacles, increase the support offered to them and improve the profile and attractiveness of careers in mental health.

The expansion of medical student places by 1,500 in England creates opportunities to increase the numbers of trainee psychiatrists. The mental health workforce plan commits HEE to work with the Royal College of Psychiatrists to ensure that the allocation of these places is to universities with a proven track record in producing psychiatrists.

HEE also has plans to increase the exposure to psychiatry during training (which can help increase applications for the specialty). HEE has already increased the number of doctors in the Foundation Programme doing a four month psychiatry post to 50 per cent.

For the longer term, the plan commits to exploring with the Medical Schools Council changing entry requirements for medical degrees so that Psychology ‘A’ level is considered of equal merit to increase the pool of applicants likely to go on to become psychiatrists.

Specifically, the ‘*Five Year Forward View for Mental Health*’ sets the objective that Improving Access to Psychological Therapies (IAPT) services should see 1.5 million people a year by 2020, with 75 per cent of people accessing care within six weeks and 95 per cent within 18 weeks, with particular improvements in access for people from black and minority ethnic groups, people with a learning disability, older people, and women in the perinatal period.

⁴ <https://www.hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf>

⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

This will require the training of an additional 4,500 therapists between 2016 and 2020. A substantial part of this expansion will rely on a move to further integrate mental and physical health services through the development of Integrated IAPT Services. This is reflected in the '*General Practice Forward View*'⁷ with the objective that there will be 3,000 therapists co-located in primary care by 2020.

I hope the information I have provided is helpful. Thank you for bringing your concerns to our attention.



JACKIE DOYLE-PRICE

⁷ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>