Professor Stephen Powis
National Medical Director
Skipton House
80 London Road
SE1 6LH

Lydia Brown
HM Coroner for Exeter and Greater Devon
Greater Devon
Room 226
County Hall
Topsham Road
Exeter
Devon Ex2 4QD

11 October 2019

Dear Ms Lydia Brown,

Re: Regulation 28 Report to Prevent Future Deaths – Mr Allan Graham Joslin, deceased 23.05.2018

Thank you for your Regulation 28 Report (hereinafter the 'report') dated 17th July 2019 concerning the death of Mr Allan Joslin on 23rd May 2018. Firstly, I would like to express my deep condolences to Mr Joslin's family.

I note that your recent inquest into the death of Mr Joslin concluded that Mr Joslin died as a result of drug intoxication. The inquest found that Mr Joslin did not receive an appropriate service in accordance with his needs and presenting vulnerabilities, and there were missed opportunities to diagnose and treat his mental ill-health and dependency on drugs and alcohol.

Following the inquest you have now raised concerns in your report for the attention of the Chief Executive of NHS England regarding the following:

1) The unavailability of an adequate mental health care facility or safe room within the treating NHS Trust to deal with a patient who presented with complex needs, including the need for a mental health assessment, and drug and alcohol dependency issues, who was potentially violent; and
2) Despite the Trust in question having now put in place new policies and facilities to safely treat patients with a history of violence, the evidence still suggested that this is an ongoing concern and difficulty for other Trusts across the country.

It is unclear from your report if a copy has been sent to the Trust; it is likely to be useful for the Trust to see your report if they have not already had it. Given the concerns you have raised in your report I can confirm that I have ensured that a copy alongside this reply has been sent to the NHS England and NHS Improvement Safeguarding Lead for the South West region.

The Health and Social Care Act 2012 transferred statutory responsibility for the commissioning of public health services, including drug and alcohol services, to local authorities. NHS England and NHS Improvement do recognise it is a very important issue, with significant implications for

the mental health of individuals, particularly for those affected by coexisting severe mental illnesses (SMI) and substance use, like Mr Joslin. We also recognise the importance of ensuring closer working between mental health services and substance use services to ensure that people's needs are met in an integrated, holistic and timely manner.

In recognition of the above, including the specific concerns you raise regarding the provision of secondary care to those most vulnerable in society, I can confirm we are taking specific steps to improve access to, and quality of, support for people with co-existing SMI and substance use. The NHS Long Term Plan, published earlier this year, details how new and integrated models of primary and community health services will transform the delivery of mental health care for adults and older adults with SMI, including people with complex needs and co-existing substance use. As the *NHS Mental Health Implementation Plan 2019/20 – 2023/24* sets out, this new community-based offer is backed by significant investment over the next five years. The Implementation Plan is available here: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf.

NHS England and NHS Improvement have also committed to investing up to £30 million over the next 5 years to establish 20 new specialist mental health services for rough sleepers. These new services must be trauma informed, (i.e. they must reduce harm and promote healing, especially in individuals who have already experienced trauma[1]), and part of an existing approach to supporting rough sleepers, which includes existing drug and alcohol support.[2] It is important that all Mental Health Trusts, regardless of whether they receive this funding, work closely with local authorities and partners from the Voluntary, Community and Social Enterprise (VCSE) sector to better support rough sleepers.

To support improvements in the commissioning and provision of services for people with co-existing SMI and substance use in the community, the National Institute for Health and Care Excellence (NICE) published a national guideline (NG58) in November 2016, which is available online here: https://www.nice.org.uk/guidance/ng58.

NICE has also published a specific national guideline (CG120) on 'Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings'. This sets out guidance on how referral processes between primary and secondary care should work, and specifies the need for a joined-up, holistic approach that ensures people

---

[1] Bowen, E.A. and Murshid, N.S. (2016) Trauma-informed social policy: A conceptual framework for policy analysis and advocacy. American journal of public health

[2] The Centre for Mental Health notes that a trauma informed care incorporates:

- **Listening** to the experiences of people accessing, and working for, the service;
- Seeking to **understand and respond** in ways that are appropriate to a particular person or situation;
- Welcoming **dialogue**;
- Being willing and able to have difficult **conversations**;
- **Reflecting** on what is working and what is going wrong, in order to learn and improve;
- Being **open to change** when things are no longer working.

Please see the following link for more details:
https://www.centreformentalhealth.org.uk/sites/default/files/2019-04/CentreforMH_EngagingWithComplexity.pdf

are not excluded on account of their drug or alcohol use.

NICE is also expected to publish a new quality standard on this topic soon to provide further detail to clinical teams as to how they can best meet the needs of this group of people. Its draft standard is available online here: https://www.nice.org.uk/guidance/gid-qs10078/documents/draft-quality-standard.

In 2016, the Royal College of Psychiatrists produced a guide on the 'Assessment and management of risk to others' (https://www.rcpsych.ac.uk/docs/default-source/members/supporting-you/managing-and-assessing-risk/assessmentandmanagementrisktoothers.pdf?sfvrsn=a614e4f9_2) for use by psychiatrists and other healthcare professionals. This is based on the College's report, first produced in 2016 and updated in 2017, 'Rethinking risk to others in mental health services' (https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr201.pdf?sfvrsn=2b83d227_2). Both the guide and report make clear that understanding an individual's history of violence or risk to others is vitally important in informing the way in which risk is assessed, managed and mitigated overall. The guide sets out detail as to the ways in which mental health staff assessing an individual and formulating a care plan should enquire about evidence of violence or thoughts of violence. This includes the nature of its past or potential future interaction with someone's illness, current mental state, and drug and alcohol use. It adds that clear communication of the outcome of risk assessment and the management plan is essential between clinical teams and other mental health provider staff.

In light of the concerns you have raised, I have arranged for this guide and report to be drawn to the attention of all NHS mental health trusts in England. This will be communicated via NHS Improvement's provider bulletin in October 2019.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

Professor Stephen Powis
National Medical Director
NHS England and NHS Improvement