



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

Alan Romilly Craze
Senior Coroner for Area of East Sussex
Coroner's Office (East Sussex)
Unit 56
Innovation Centre
Highfield
St Leonards on Sea
East Sussex
TN38 9UH

October 2019

Dear Mr Romilly Craze,

Re: Regulation 28 Report to Prevent Future Deaths – Mr Reece Tristan Lapina-Amarelle, deceased 25.06.2018

Thank you for your Regulation 28 Report (hereinafter the 'report') dated 9th August 2019 concerning the death of Mr Reece Lapina-Amarelle on 25th June 2018. Firstly, I would like to express my deep condolences to Mr Amarelle's family.

Your report confirms that, following the inquest which concluded earlier this year, Mr Lapina-Amarelle died by suicide as a result of multiple injuries. An incident occurred at Beachy Head on the same day Mr Lapina-Amarelle was discharged from Bodiam Ward, which is part of Sussex Partnership NHS Foundation Trust.

Alongside your report you have shared a key witness statement and the Serious Incident Review report, and you have raised concerns in your report to both the Secretary of State for Health and NHS England regarding the following:

- 1) The unavailability of resources and a system of treatment for people with serious mental illness and alcohol or drug misuse histories;
- 2) The insufficient sharing of information between the Mental Health Trust and CGL (the Substance and Alcohol Misuse Service);
- 3) The fact that CGL (the Substance and Alcohol Misuse Service) is voluntary and that, outside the criminal justice system, the subject cannot be forced to access and receive help from that service;
- 4) The fact that, in your opinion, the Mental Health Act is out of date and does not recognise or accept responsibility for providing a plan of action to deal with people such as Mr Reece;
- 5) The fact that, in your opinion, the Mental Health Act still concentrates on therapy without giving enough emphasis to safety and preventative measures, particularly in a context of a history of substance misuse.

I note that a copy of your report has been sent to the Trust for a response on the specific circumstances relating to Mr Lapina-Amarelle's death, which I acknowledge is a particularly tragic and difficult case. However, I wanted to highlight some key national policies and priorities which I believe are relevant to the concerns you have raised in your report as both having a bearing on Mr Lapina-Amarelle's death and ongoing concerns for patient safety.

Concern 1 – The unavailability of resources and a system of treatment for people with serious mental illness and alcohol or drug misuse histories.

Concern 3 – The fact that CGL (the Substance and Alcohol Misuse Service) is voluntary and that, outside the criminal justice system, the subject cannot be forced to access and receive help from that service.

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 misuse, like Mr Lapina-Amarelle. We also recognise the importance of ensuring closer working between mental health services and substance misuse services to ensure people's needs are met in an integrated, holistic and timely manner. As such, the ongoing move towards Integrated Care Systems (ICSs) across England is intended to help address some of these issues and to provide joined up health and care to whole populations across the NHS, social care and public health.

In recognition of the above, we are taking specific steps to improve access to, and quality of, support for people with co-existing SMI and substance misuse. 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 a 'personality disorder' and those with co-existing substance misuse. As the *NHS Mental Health Implementation Plan 2019/20 – 2023/24* sets out, this new community-based offer, backed by significant investment over the next five years, will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. 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>.

By 2023/24, the new models of care, underpinned by improved information sharing, will give at least 370,000 adults and older adults per year greater choice and control over their care, and support them to live well in their communities – including dedicated provision for groups with specific needs, such as adults with a 'personality disorder' diagnosis.

To support improvements in the commissioning and provision of services for people with co-existing SMI and substance misuse, 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 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-gs10078/documents/draft-quality-standard>. Public Health

England, as the lead organisation responsible for supporting local government with its public health responsibilities, has also published guidance for commissioners and service providers on co-occurring mental health and alcohol/drug use conditions, which is available online here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring mental health and alcohol drug use conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf)

Concern 2 – The insufficient sharing of information between the Mental Health Trust and CGL (the Substance and Alcohol Misuse Service);

The NHS Long Term Plan is committed to ensuring that by 2024 secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments. Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and Local Health and Care Records will cover the whole country.

As part of this, a number of steps are being taken, led by NHS England and NHS Improvement, and NHSX, to enable the safe and secure sharing of digital records. The Local Integrated Health and Care Records programme will provide a strategic vision for safely and securely sharing data across different NHS and partner organisations (including substance misuse services). The aim of the programme is to create an information sharing environment that helps our health and care services to continually improve the care that we deliver.

This includes: ensuring that health and care professionals have access to a comprehensive care record with the information they need to inform their care decisions, when and where they need it; empowering people to look after themselves better and make informed choices about their own health and care; and being able to analyse the data to enable more precise and actionable interventions and support the development of population health management. NHS England is also working with the mental health trust Global Digital Exemplar programmes to develop a range of basic and more advanced tools to support decisions on care across the pathway; this includes the identification of need, detection of risk and the application of best practice.

In parallel to this, NHS England and NHS Improvement and NHSX are working to improve the availability of mental health information and evidence-based resources online. This includes local crisis service directories.

Concern 4 – The fact that, in your opinion, the Mental Health Act is out of date and does not recognise or accept responsibility for providing a plan of action to deal with people such as Mr Reece;

Concern 5 – The fact that, in your opinion, the Mental Health Act still concentrates on therapy without giving enough emphasis to safety and preventative measures, particularly in a context of a history of substance misuse.

The Independent Review of the Mental Health Act (MHA) 1983 has set out recommendations for the Government on how the MHA and associated practice needs to change. Its report can be accessed online here: <https://www.gov.uk/government/publications/modernising-the-mental->

health-act-final-report-from-the-independent-review

As the government department responsible for this legislation, the Department of Health and Social Care is currently developing a response to the Independent Review's recommendations, and NHS England and NHS Improvement are involved in, and supporting this process. The Government has committed to publishing a White Paper before the end of the year.

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,

A handwritten signature in black ink, appearing to read 'S. Powis', written in a cursive style.

Professor Stephen Powis
National Medical Director
NHS England and NHS Improvement