



Department
of Health &
Social Care

*From Nadine Dorries MP
Minister of State for Patient Safety,
Suicide Prevention and Mental Health*

*39 Victoria Street
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Mr Christopher Morris
HM Coroner's Court
1 Mount Tabor Street
Stockport SK1 3AG

Dear Mr Morris

15 July 2021

Thank you for your letter of 30 April 2021 about the death of Joanna Leven. I am replying as Minister with responsibility for mental health services and suicide prevention.

I would like to begin by saying how deeply sorry I was to read the circumstances of Ms Leven's death and I offer my deepest sympathies to Ms Leven's family and loved ones.

In preparing this response, Departmental officials have made enquiries with NHS England and NHS Improvement (NHSEI) and the Care Quality Commission (CQC). I am also aware that the Stockport Clinical Commissioning Group (CCG) has written to advise you of the local action that is being taken to improve services for patients with serious mental illness, including personality disorders.

I would like to assure you and those who knew and cared for Ms Leven that we are committed to ensuring that people have access to the right mental health support, in the right place, and at the right time and that improving mental health services for people with severe mental illness, including personality disorders, is a key priority for the Government.

Under the NHS Long Term Plan, we are investing almost £1 billion extra in community mental health care for adults by 2023/24. New and integrated models of primary and community mental health care will give 370,000 adults with serious mental illnesses, including personality disorders, greater choice and control over their care and support them to live well in their communities by 2023/24.

This care and support 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.

Local areas will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.

Furthermore, as part of the Spending Review 2020, we have announced that the NHS will receive around an additional £500million in 2021/22, to address waiting times for mental health services, give more people the mental health support they need, and invest in the NHS workforce. How the funding will be used is set out in our [COVID-19 mental health and wellbeing recovery action plan](#). The recovery action plan also includes details of the funding we have provided to support mental health throughout the pandemic.

£58million will be used to accelerate the roll-out of the community mental health framework to treat adults and older adults with serious mental illness, specifically:

- Bringing forward the expansion of integrated primary and secondary care for adults and older adults with serious mental illness;
- Embedding mental health practitioner roles in primary care networks across the country from 2021 to 2022 to better meet the needs of people living with severe mental illnesses in primary care;
- Expanding peer support and non-clinical workforce to boost the capacity of community mental health services; and,
- Accelerating transformation across eating disorder pathways, with a focus on early intervention models and close working with voluntary and community sector partners.

In relation to commissioning mental health services for victims of trauma, violence and domestic abuse, local clinical commissioning groups are responsible for decisions about commissioning services to meet the needs of their local populations. Services may be provided by a range of organisations, including NHS and private providers, and providers in the voluntary, community and social enterprises.

We continue to take steps nationally to ensure that victims of abuse and domestic abuse have timely access to care and support. As laid out in the recovery action plan, the Government is providing £40million in 2021/22 to boost specialist support services for victims of rape and domestic abuse. This includes: over £20million for local community-based sexual violence and domestic abuse services, to help reduce the amount of time survivors wait for support; £16million to recruit more independent sexual violence and domestic abuse advisers; and £2million for smaller, specialist organisations that help ethnic minority, LGBT or disabled victims.

Turning to your concerns about improving information sharing between services and professional groups, effective information sharing is vital to support improved patient outcomes. The NHS Long Term Plan Implementation Framework makes several commitments to improve information sharing. By 2024, all secondary care providers should be fully digitised and integrated with other parts of the health and care system, for example, through a local health and care record platform. Shared care records ensure that information and care plans are available across health and social care to support planning, better risk management and ensure care is more joined up and delivered around an individual's needs.

NHSX, responsible for digital transformation strategy, expects all areas to have a basic minimum viable shared care record in place by September 2021. This work builds on the Local Health and Care Record programme and will provide access to patient records across organizational boundaries, including between mental health services and acute hospitals.

Finally, we are taking action more broadly with the aim of reducing suicide rates and ensuring that fewer people take their own life each year. We are investing an additional £57million in suicide prevention by 2023/24 through the NHS Long Term Plan. This will see investment in all areas of the country to support local suicide prevention plans and the development of suicide bereavement services. In addition, we are also providing an extra £5million in 2021/22, to be made available specifically to support suicide prevention voluntary and community sector organisations, with part of this set as a grant fund to help ensure that the financial gaps incurred as a result of additional pressures during COVID-19, are covered.

I hope this response assures you, and Ms Leven's family, that we are taking action nationally to ensure that people can get access to vital mental health support sooner and in the community wherever possible. Thank you for bringing these concerns to my attention.



NADINE DORRIES

**MINISTER OF STATE FOR PATIENT SAFETY, SUICIDE PREVENTION
AND MENTAL HEALTH**