

**Mr James Bennett**  
Her Majesty's Area Coroner for  
Birmingham and Solihull  
The Birmingham and Solihull Coroner's Court  
Steelhouse Lane  
Birmingham  
B4 6BJ

**National Medical Director**  
NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

████████████████████  
Date

Dear Mr Bennett

**Re: Regulation 28 Report to Prevent Future Deaths – Khalid Seneen Yousef who died on 4 January 2018**

Thank you for the email from your office dated 21 November 2022, in which communication from ██████████, Consultant Forensic Psychiatrist, is shared. Please accept my apologies for not responding sooner.

██████████ has highlighted his concerns around healthcare provision for individuals experiencing mental health crisis whilst in custody and points out the difference in the responses from NHS England and West Midlands Police on this matter, specifically in relation to the role of the Police Custody Healthcare Service (PCHS) and the potential risk that the current gap in provision will remain. It is noted that the response from West Midlands Police dated 10 August 2022 does not make any mention of the PCHS.

In response to ██████████ concerns, I am able to respond as follows:

**Police Custody Healthcare Service (PCHS)**

The policy for the PCHS lies with the Home Office. Operationally, each Police and Crime Commissioner (PCC) is required to commission a PCHS for their police force. [The National Police Chiefs Council \(NPCC\)](#) maintains a national PCHS specification and NHS England acts in an advisory role to ensure that PCHS and Liaison and Diversion (L&D) specifications align.

The NPCC specification is guidance rather than mandatory, which leaves PCCs free to determine the scope and extent of their PCHS provision and, as a result, there may be variation across areas in terms of the investment of resource to this.

██████████ point may have some substance in that, unless all police forces observe and adhere to the NPCC specification, their ability to respond appropriately to those in mental health crisis may be compromised, to include arranging a Mental Health Act assessment where appropriate. On this basis, it is my suggestion that

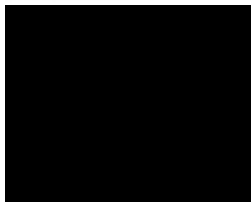
either the Home Office or the NPCC would be best placed to respond to ■■■■■ specific concerns in this case. I am aware that a response from the Secretary of State for the Home Department was outstanding as at 15 November 2022, and the Coroner has requested a response by no later than 31 December 2022.

The Home Office's position usually indicates that it is for each PCC to determine the level of healthcare provision required for their area, however, NHS England acknowledges that unless each PCHS is designed to fit with the L&D service specification and other locally commissioned services, then the potential for gaps in service provision will remain. It would not be practicable for NHS England to commission a service to take on the role of the PCHS, and instead the PCHS and L&D service should continue to work closely, ensuring that the service specifications and responsibilities are clear, aligned and understood. NHS England's national Health & Justice team officials will continue to work collaboratively with their counterparts at the NPCC in this regard.

Once again, thank you for bringing the important concerns and issues highlighted by this case to my attention. I hope my further response offers some clarity regarding the position with PCHS and L&D services.

Please do not hesitate to contact me should you need any further information.

Yours sincerely,

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National Medical Director