Mr James Bennett
Her Majesty's Area Coroner for
Birmingham and Solihull
The Birmingham and Solihull Coroner's Court
Steelhouse Lane
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National Medical Director
NHS England
Wellington House
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[redacted]
26 October 2022

Dear Mr Bennett

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

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 23 June 2022 concerning the death of Khalid Seneen Yousef on 4 January 2018. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Mr Yousef's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised following Mr Yousef's death have been listened to and reflected upon. I would also like to sincerely apologise for the delay in responding to your Report.

Following the inquest, you raised a number of concerns in relation to the Liaison and Diversion (L&D) police custody suite model, which is a nationally commissioned service, and access to psychiatrists. With input from the NHS England West Midlands regional Health and Justice team, I have responded to each of your specific concerns in turn below:

1. **The L&D police custody suite model has not commissioned psychiatrists.**

   In terms of the commissioned health services that operate within police custody suites, there are two services as follows:

   - A police custody healthcare service (PCHS). PCHS is commissioned by the Police & Crime Commissioner (PCC) for each force. The National Police Chiefs' Council (NPCC) issue a national service specification for this service, although this takes the form of guidance for PCC's rather than being mandatory. The PCHS is responsible, inter alia, for advising the police on fitness to detain, fitness to interview and fitness to charge (in accordance with the provisions of the Police & Criminal Evidence Act 1984).
   - Liaison and diversion service (L&D). This service is commissioned by NHS England, via regional Health & Justice teams, in accordance with a published national service specification which can be found at https://www.england.nhs.uk/publication/liaison-and-diversion-standard-service-specification/. The L&D service seeks to identify and assess individuals

with vulnerabilities, make supported referrals to appropriate services and, with the individual's consent, share relevant information with key decision makers within criminal justice agencies.

The NPCC national service specification (Annex 1) specifically includes responsibility for responding to individuals in mental health crisis, including placing a requirement on the provider to facilitate assessments under the Mental Health Act. The NHS England L&D national service specification, by design, specifically excludes these functions.

The inclusion of psychiatric provision within the makeup of L&D multi-disciplinary teams is not presently considered necessary. If and when an L&D practitioner identifies secondary mental health needs, that do not require immediate intervention, a supported referral is made to the appropriate local community mental health service. The PCHS operates within police custody suites 24 hours a day, whereas L&D services are generally present for 12 hours a day. In the event of a Mental Health Act assessment being required, this would be facilitated by the provider through the PCHS rather than L&D. As stated below, the two services work closely and their specifications make clear who has responsibility for responding to those in mental health crisis.

In summary, it is not the responsibility for L&D services to respond to those in mental health crisis, that function falls to PCHC services. Where an L&D practitioner has concerns regarding an individual's mental health, that falls short of requiring an immediate crisis response, the expectation is that they will liaise with that individuals community mental health team for further advice (which may involve speaking with a psychiatrist or psychologist) and if the person has disengaged will provide a supported referral back into that service.

2. **Liaison and clarity is needed between Chief Constables and the Trusts providing L&D services on who has responsibility for mentally unwell persons in custody.**

   The PCHS and L&D national service specifications are written to complement each other, and to make clear which service is responsible for responding to those in mental health crisis. NHS England's national Health & Justice team officials work closely with their counterparts at the NPCC to ensure that the two specifications remain aligned.

   NHS England works collaboratively with all agencies and stakeholders to ensure a clear understanding of responsibilities for mentally unwell persons in custody. Recently, NHS England presented at the NPCC Custody Forum Conference (September 2022) and took the opportunity to emphasise the respective roles and reinforce the responsibilities of the PCHS and L&D service when responding to those in mental health crisis.

3. **West Midlands Police officers and BSMHFT staff do not sufficiently understand the role and limitations of the L&D police custody suite model.**

A copy of the response from BSMHFT has been shared with NHS England, the response of the Chief Constable has not been shared.

I understand from the NHS England West Midlands regional Health & Justice team that this matter has been raised at the force's Joint Strategic Operational Group. This is a governance meeting where the police meet with health and wider partners, to provide clarity as to the responsibility of services to respond to those in mental health crisis, and to ensure that appropriate messages are regularly disseminated both to police and health audiences.

4. **BSMHFT have not learnt sufficient lessons from the incident and need to review experience, training and supervision of L&D practitioners.**

I am assured that NHS England's regional Health & Justice commissioning team are addressing this matter directly with the BSMHFT through regular contract review meetings.

BSMHFT responded as follows to the issues raised:

"*The Trust takes these issues very seriously. The Team Manager is now working on a project which will be completed by the end of October 2022 to review the current induction programme and produce an up to date induction programme which is suited to different team roles and areas of work. This will include an induction pack, shadowing and training package for all new staff and students. As part of the new tender process, the Trust have also planned to have psychologists join the L&D for reflective practice groups which are to take place. Through this work there will be assurance that training, supervision and experience are a priority and changes are made where necessary"*

The Regional Commissioner will further discuss this case and progress on the above actions at the next scheduled contract meeting (October 2022). The outcome of that meeting will be included in the November 2022 Quality Report and presented to the Health and Justice Assurance and Improvement Group, where next steps will be agreed.

NHS England commissioned Health Education England (HEE) and Skills for Health (SfH) to produce a career and competency framework for L&D services Career and Competence Framework | Info Hub | Skills for Health. This framework was published on 31 May 2018 and clearly sets out the respective job roles required within a multi-disciplinary L&D team, and the competencies required to discharge those roles. HEE and SfH are currently reviewing the content, as part of a wider piece of work to develop a career and competency framework across all of our Health & Justice non-custodial programmes of work.

NHS England regional Health & Justice commissioners will have regard to the framework when addressing workforce and quality issues with providers.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical

Directors and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the tragic death of Mr Yousef, are shared across the NHS at both a national and regional level, and helps us to pay close attention to any emerging trends that may require further review and action.

Once again, thank you for bringing these important concerns and issues to my attention. I hope my response reassures you that appropriate services and measures are in place to ensure the safety and wellbeing of those individuals with specific mental health vulnerabilities, but that further action is being taken to review and improve certain aspects of these services.

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

Yours sincerely,

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National Medical Director

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