NHS England

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Dear Ms Henderson

Re: Regulation 28 Report to Prevent Future Deaths – Mr Miles Ethan Hurley who died on 10 July 2022.

Thank you for your Report to Prevent Future Deaths (hereafter 'Report') dated 09 July 2024 concerning the death of Miles Ethan Hurley on 10 July 2022.

In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Miles' family and loved ones. NHS England is keen to assure the family, and the Coroner, that the concerns raised about Miles' care have been listened to and reflected upon.

Matters of concern and response:

My response below focuses on those concerns that fall under the remit of NHS England, relevant to the Liaison & Diversion service that we commission, and I have addressed specific points in turn.

1. **The use of word of mouth rather than formal written documentation of a mental health assessment compromised the Police's comprehension of the complexity and nuances of Miles' mental health difficulties to assist in determining the most appropriate care**.

The NHS England national Liaison and Diversion (L&D) service specification (at 2.7), published in 2019, places a requirement on all L&D services to provide timely and relevant information to the police to inform bail, charging and disposal decisions, and to advise on the use of any reasonable adjustments, in language that is understood by the police. The specification is silent on the method of sharing that information, as police forces across the country use several different information technology (IT) platforms and systems to record case information.

A Home Office (HO) CoLab research team, which is a team of designers, researchers and technologists collaborating closely with people affected by Home Office policies and services, as well as front-line staff, subject matter experts and practitioners from a variety of other disciplines, recently conducted a cross-government review of L&D services.

From that review, the following recommendation regarding how L&D services should share information with police forces was made.

'NHS England to provide clear guidance to practitioners on what information should be uploaded to police custody logs to ensure consistency and relevance for decision-makers (e.g. custody welfare, bail, police and court outcomes). To be achieved in collaboration with the CPS and local police services.'

The research / review was designed for policy development purposes and is not published.

NHS England has committed to working with the National Police Chiefs' Council (NPCC) and the Crown Prosecution Service (CPS), to develop a standard template and guidance on how relevant information gained from L&D assessments will flow to the police (similar to an existing L&D Court Report template agreed with the judiciary and His Majesty's Courts and Tribunal Service (HMCTS) as to how information flows to courts).

2. The lack of a documented recommended mental health 'plan' by the LDS to be followed whilst an individual remains in custody.

This is also covered in my response to points 4 and 5 below. The responsibility for the care of those in mental health crisis, requiring the development and delivery of a 'care plan,' rests with the Police Custody Healthcare (PCHC) service, who will be able to respond more fully to this point.

PCHC services, commissioned by Police and Crime Commissioners, are responsible for the physical healthcare of detainees and for those in mental health crisis who are detained within police custody suites, which includes the issue of intoxication. PCHC services operate 24 hours a day.

Where a L&D service has engaged with a detainee, they should share any relevant information with the PCHC service to assist that service in any formal mental health assessment or care planning process.

3. A lack of nationally agreed guidelines as to when it would be appropriate to undertake a formal mental health assessment when an individual is known to be intoxicated when first detained.

The Faculty of Forensic and Legal Medicine (FFLM) of the Royal College of Physicians provides a clear set of guidelines that address, inter alia, how PCHC services should approach the issue of conducting mental health assessments where detainees with substance use disorders may be intoxicated. The guidelines may be accessed HERE

Responsibility for responding to issues of intoxication and for providing advice to the police on an individual's fitness to detain, fitness for interview and for conducting pre-release assessments lies with the PCHC service.

4. **A lack of guidelines to support an LDS practitioner as to when it is appropriate to undertake a formal mental health assessment if an individual is intoxicated rather than feeling obliged to do so because of their availability.**

NHS England does not publish clinical guidelines specific to the delivery of L&D services. My response to point 3 above provides further detail regarding clinical guidelines.

If an individual is perceived to be in mental health crisis, and in need of an assessment, responsibility for conducting that assessment falls to the PCHC service.

5. **A lack of a 24 hour LDS service within custody despite mental health issues being prevalent throughout the day and night for individuals in custody.**

As already mentioned, PCHC services, commissioned by Police and Crime Commissioners, are responsible for the physical healthcare of detainees and for those in mental health crisis, who are detained within police custody suites, which includes the issue of intoxication, and these services operate 24 hours a day.

L&D services, commissioned by NHS England, respond to those individuals with a wide range of vulnerabilities. They conduct assessments and, if needs are identified, they will look to make supported referrals into relevant and appropriate community services. With the detainee's consent, L&D services will share information with key decision makers within criminal justice agencies, such as the police, CPS, defence, court and probation. L&D services do not provide treatment. Most L&D services operate within police custody for 12 hours a day, 7 days a week.

The NPCC maintains a national service specification for PCHC services. NHS England maintains a national service specification for L&D services. Both specifications are written to align and provide clarity as to which service is responsible for specific functions. The function of responding to those in mental health crisis is specifically included within the PCHC specification and is specifically excluded from the L&D specification.

6. **A lack of effective guidelines to assist the police on decision making as to whether an individual needs a further mental health assessment and/or an Appropriate Adult.**

As per the response to points 4 and 5 above, PCHC Services are responsible for advising the police force on the issues of intoxication and mental health crisis.

7. **Difficulty in being able to obtain collateral information to assist in a mental health assessment from other Mental Health Services.**

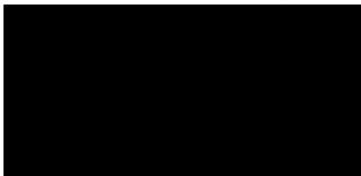
Your Report raised that evidence was heard that members of Miles's family contacted the Mental Health helpline with their concerns whilst Miles was in custody but were not afforded the opportunity to share these concerns with the LDS practitioner which would not have been a breach of confidentiality.

Anyone can make a referral into an L&D service, and this includes self-referrals or referrals from family members or friends. L&D services will actively engage with those who are able to provide relevant information to assist with the assessment and care of a patient. I note that the information shared by the family with the Sussex Partnership Trust Mental Health Helpline was not shared with the NHS England commissioned L&D service and would suggest the Sussex Partnership Trust Mental Health Helpline is best placed to provide a response in relation to this.

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 sad death of Miles, 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.

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,



National Medical Director