

Response to Regulation 28 Report for HM Coroner Relating to the Inquest Touching upon the Death of Ms Sarah Holmes

CORONER'S CONCERNS

During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you.

The **MATTERS OF CONCERN** are as follows:-

- (1) The escalation in risks that Sarah presented with which included highly dangerous and impulsive thoughts of harming herself were not appropriately reflected in a robust safety plan, and it was not thought appropriate to liaise with family and friends who may have provided an essential safety net when Sarah was alone, and at obvious risk of the impulsive thoughts of self harming returning, in the absence of any ongoing professional support. Although evidence was heard about further training and improvements that have been made in respect of safety planning and around issues of confidentiality, I remained concerned that such issues could arise again.

Durham Constabulary Response

The overall responsibility in respect of safety planning for Ms Holmes lies with the health provider, in this case for Tees, Esk and Wear Valley Mental Health Trust (TEWV). Durham Constabulary have subsequently worked closely with TEWV to develop a strong partnership plan to respond to calls in the future, acknowledging that such a response should be a partnership conversation.

- (2) There remains no policy in place between Mental Health services and the Police as to the appropriate agency to undertake welfare checks and in particular there is no formal procedure to escalate matters when Mental Health professionals are concerned that life or limb is at risk and the Police do not agree and decline to assist. The College of Policing authorised guide to professional practice is clear that forces should ensure they have a policy on mental health

and that although certain issues are required to be subject to local operating protocols with mental health, ambulance and other providers, there are other issues that should be determined by policy which would also ensure that services which operate across multiple health commissioners and providers to establish basic minimum requirements to determine police contribution to any local agreement with other providers.

Durham Constabulary Response

Durham Constabulary recognises the additional value of a documented escalation approach to provide clarity for operational staff and has progressed priority activity in this regard.

Following the Coroner's raised concerns, the force has swiftly implemented an interim escalation policy, pending progress on the roll out of the national 'Right Care, Right Person' approach, which includes a clear escalation plan through operational, tactical and strategic level command bands. TEWV has been engaged throughout and consulted with in the development of this policy. Force Incident Managers, Critical Incident Managers and Force Silver Commanders have been trained in relation to the policy. The Force has also liaised with Street Triage MH Practitioners based in the Force Control Room who are a crucial partner when dealing with the response to incidents involving mental health.

HM Coroner will be aware that there is national work being undertaken to standardise the approach to incidents where an individual's mental health is a factor. The national project is known under the title 'Right Care, Right Person' (RCRP) and is aimed at ensuring a person in crisis or nearing that point receives the best care from the right agency. Durham Constabulary has not yet implemented this policy approach, but the interim escalation approach acts to support those principles. A Force Project Team has been established to progress the national approach locally.

(By means of context, RCRP provides Police Forces with a consistent approach supported by legal advice and training support. Each Force is reviewing the national package.)

Durham Constabulary is engaging with all relevant partners and held a strategic meeting in December 2023 as part of an extensive consultative approach. Durham Constabulary will continue to work with partners in a joint multi-agency governance structure for developing, implementing, and monitoring the RCRP approach locally. The project is led by the Assistant Chief Constable supported by a dedicated Superintendent.

This project will develop policies and procedures relating to concerns for welfare, dealing with persons detained under the Mental Health Act, the transportation of persons detained under the Mental Health Act and persons reported missing from health care facilities. The force is confident that these policies and procedures will build on existing good practice and further improve the service to those in crisis or nearing that point.

- (3) The Police did not accept the concerns of the Mental Health professionals in this case and placed undue reliance upon the Mental Health teams earlier decision to send Sarah home and that her car was back at her home address, and failed to take sufficient account of the highly unusual and uncharacteristic presentation thereafter in her not engaging with mental health staff, and the continuing passage of time when no one had been assured that Sarah was safe and well, in the context of numerous highly dangerous impulsive acts in the proceeding hours. No comprehensive evaluation seems to have taken place as to the increasing concerns for Sarah's welfare and whether the threshold for police action, including whether to force entry was met.

Durham Constabulary Response

The force accepts HM Coroner's observation, and it is now more clearly defined in the interim Force Escalation Policy the requirement to document clear rationale for decision making on the Force Command and Control system. This has been highlighted in the training to support policy implementation. This specifically extends to recommended questions to be asked of mental health professionals or other third parties to better understand their relationship with the person in crisis and therefore inform subsequent actions.

The Joint Decision Model (JDM) and Risk Principles as defined by national Approved Professional Practice (APP) will be utilised by all commanders to support decision making. This will be underpinned by THRIVE assessment which is used for all incidents reported to Durham Constabulary. (For information, the JDM is the recognised decision model for all emergency services responders.) THRIVE is a structured framework to evaluate and manage a policing response. The acronym stands for Threat – the threat posed to oneself or others; Harm - the potential consequences or damage that may occur from the threat; Risk – this relates to the risk assessment quantifying the likelihood and severity of the potential harm occurring; Investigation – this component focuses on identifying and gathering the relevant information as appropriate to the incident; Vulnerability – an assessment of the individual's

vulnerabilities or factors which increase their risk of harm and Engagement – which emphasises the importance of partners in our response and involves developing a response plan which identifies from the outset the importance of collaboration.

- (4) I am concerned that political arguments were at play in terms of “who should assume the risk” in this case and a push back against third party agencies requesting police assistance were implicated in the decision not to deploy officers rather than a comprehensive evaluation of risk and an appreciation of what Mental Health professionals were attempting to convey which was that Sarah’s life was at risk. I am concerned that I heard evidence that there have been other occasions where Mental Health professionals believed someone was at serious risk of harm (life or limb) and the Police have declined to act.

Durham Constabulary Response

The escalation policy makes clear when the police will attend in relation to relevant legislation to support agencies reporting a concern for a person’s welfare where there is a life at risk or there is a risk of serious harm. Policing powers have been defined within the escalation policy. This has been developed in conjunction with mental health partners and will be reviewed in more detail as part of the RCRP project and further developed in consultation with partner agencies.

- (5) I am concerned that there was a lack of reflection on the part of the Police and there is no formal procedure by which lessons can be learnt from such serious incidents, the professional standards department and IOPC having a limited remit in this regard.

Durham Constabulary Response

To supplement the escalation policy there will be a review procedure which will occur monthly to review any lessons learned. This will be co-ordinated by the Force Mental Health Lead, and builds on existing review approaches relating to other incident types that have been seen as good practice by His Majesty’s Inspectorate. There is already a review procedure in place in relation to Section 136 detentions and persons reported as missing from Health Care Facilities, whereby Police and TEWV convene to discuss issues/concerns and this will be expanded to include concern for safety type incidents involving concerns for

a person's welfare. Any lessons learned will be communicated to Force Incident Managers, Critical Incident Managers, Silver and Gold Commanders via structured training sessions coordinated by Operational Planning who are responsible for command level training and CPD.

The Force is using the findings of this inquest as part of the training material to support the new escalation policy.

- (6) There is no specific guidance in place for the Police as to how to assess the level of risk when requested to undertake a welfare check and to assist other agencies who have no power to force entry, no clear rationale was recorded for the Police decision not to utilise their powers under s17 of PACE, and given the political pressures at play that there may still be a reluctance, pending the implementation of 'Right care, Right person' and any other appropriate local policies between various services, to ensure operational decisions are evidence based on an objective evaluation of the risks, aided and assisted by other professionals such as mental health professionals, who may be able to give crucial information to inform the assessment of vulnerable persons who may be at serious risk.

Durham Constabulary Response

The escalation policy does now define the policing powers to support the assessment of risk when dealing with welfare checks. Decision making is guided by the Joint Decision Model and APP risk principles. The policy specifically highlights the need to consistently review and assess the risks when there is a change in information or intelligence. The policy also mandates the requirement to record and document decisions taken in relation to deployment of police resources.

RCRP will ensure that all frontline officers and commanders will be trained with a national training package and local guidance. RCRP is a national policing approach and the Force will adopt that protocol in due course. It's important to highlight that we aren't simply waiting for the implementation of Right Care Right Person, and the implementation of the escalation policy now will provide structure, guidance and governance to future decisions.

(7) I am concerned that IOPC recommendation 3 in this case, namely that the messaging from senior management to the control room was a negative factor in this case, and should be revisited, was not accepted by senior officers who gave evidence at the Inquest.

Durham Constabulary Response

Durham Constabulary does accept the IOPC recommendation. The escalation policy clearly outlines the powers and legislation to inform the response to requests for welfare checks.

For the avoidance of doubt, the refreshed training input has paid special attention to this area to ensure there is no doubt among operational staff and decision makers as to any negative aspects that were highlighted by HM Coroner.