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Chief Constable

Mr Christopher Murray
HM Assistant Coroner
Manchester South Coronial Area
Mount Tabor
Stockport

21st November 2024

Dear Mr Murray

Re: Regulation 28 report following the death of Michael Sean Heath

Thank you for your report dated 2nd October 2024 in respect of the death of Michael Sean Heath pursuant to Regulation 28 and 29 of the Coroners (Investigations) Regulations 2013 and Paragraph 7, Schedule 5, of the Coroners and Justice Act 2009.

Having carefully considered your report, I make the following observations and recommendations to address your matters of concern, relevant to Greater Manchester Police (GMP);

The extent to which all officers are trained to assess the increasing number of calls to the police which are of a mental health nature, the risks associated with the consequences of not making the right assessment where there may be an immediate risk to life and when to accept that the police are the right agency to be involved in mental health related enquiries due to their powers of entry.

In providing this response I have consulted with the Professional Standards Directorate (PSD), the Force Contact, Crime and Operations (FCCO) Branch, The Right Care Right Person (RCRP) and Strategic Mental Health Leads within GMP's Prevention Branch and The College of Policing (CoP).

Background

I understand that your concerns arise out of the jury finding that the decision to close the police log on 25th August 2023, and the police subsequently not attending, resulted in a missed opportunity for a welfare check on Michael.

I understand that the log in question was GMP Log 1520 of the same date, which was a report from Mr Heath's friend, ██████████ of a concern for Michael's mental health. The concerns were in the context of a report which Daniel had made in the early hours of that morning (GMP Log 449) in which he had informed police that there was potentially an immediate risk to Michael's life because he was in possession of a knife and had made specific threats to end his life. Michael had been stopped by GMP on that deployment and searched for a knife with a negative outcome. At that time, he had been evasive of police and stated that he was not suicidal and he did not want to speak to anyone about his mental health. Michael and the police were in a public place at the time of that stop and the officers present did not deem it necessary to utilise policing powers pursuant to S136 Mental Health Act 1983.

Assessing the increasing number of calls to police of a mental health nature

Mandatory Mental Health Awareness (GMP)

In GMP, this is delivered in accordance with the CoP Approved Professional Practice (APP) for policing duties. The introduction to this APP states: *“All police decision making on the most appropriate course of action under any circumstances should be guided and structured using the national decision model (NDM). Decision making concerning health care matters should be made by clinically trained professionals and not police officers”*. Although police officers and staff are not expected to be able to identify the specific symptoms of mental ill health or learning disabilities or attempt to diagnose illness, it is important that their training enables them to recognise indicators of mental health problems so that these can be taken into consideration. This recognition can occur at any point in their interaction with people.

The Training Manager for GMP’s Force Contact Crime and Operations Branch (FCCO) has confirmed that the Mental Health induction input for their staff is 3.5 hours long. This is included in all new recruit training into Call Handling and Dispatch. A shorter version is currently included for the Crime Recording and Resolution Unit (CRRU) with a view to expanding this to reflect the offer to other roles. The training covers a range of topics including history of police involvement, definitions and case studies that are appropriate to FCCO tasks especially call handling and dispatch.

GMP’s Mental Health Co-Ordination Unit (MHCU) have confirmed that a 3.5 hours long Mental Health Awareness input has been delivered face to face to over 2500 officers during 2024 and this has included a sixty minute input from the Clinical Lead of the Mental Health Tactical Advice Service (MHTAS), based in the Force Contact Centre to include common presentations and risks. MHTAS support officers making decisions relating to mental health concerns and will also review any mental health related incident/call for service at the request of an FCCO supervisor. MHTAS forward a GP referral for every individual they review.

A care plan continues to be submitted on every occasion where GMP responds to a person presenting with mental health related concerns. This is reviewed by local District Safeguarding Teams or Multi Agency Safeguarding Hubs and appropriate referrals are made in alignment with that GM district’s policies.

All mental health training is being revisited with the implementation of Right Care, Right Person (RCRP) in terms of reinforcing the policy on deployment and Police involvement at mental health incidents.

GMP support Local Authorities in their responsibility for delivering their suicide prevention action plan and strategy, through sharing information and working with them and other GM partners in accordance with DHSC’s 5-year cross strategy¹.

Right Care, Right Person (RCRP) Policy and Procedure

The nationally agreed threshold for a police response to a mental health-related incident is:

- to investigate a crime that has occurred or is occurring; or
- to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm²

¹ Suicide prevention in England: 5-year cross-sector strategy (11 September 2023)

² National Police Chiefs’ Council and College of Policing toolkit on the operational considerations of Right Care Right Person

Right Care, Right Person (RCRP) had not been formally launched in GMP at the time of Michael's death. RCRP is a national, Government approved, framework for assisting police with decision-making about when they should be involved in responding to reported incidents involving people with mental health needs. It was launched in Greater Manchester on 30th September 2024.

Call handlers and Crime Recording and Resolution Officers (CRRO) will use the RCRP Assessment Toolkit and refer to GMP service standards and ask further questions in order to be satisfied as to the exact nature of the call and assess the requirement for police deployment. They are guided to recognise any identified risk and if necessary be 'professionally curious' to ensure understanding. GMP's Incident Response Policy requires that, in order to ensure an appropriate response to the contact's needs, incident priority is determined by a THRIVE risk assessment³, response grading in accordance with the THRIVE assessment and a consideration of the GMP Vulnerability Assessment Framework (VAF). The aim is to ensure that the appropriate police response for every call is initiated from the outset. The response grading must continually be assessed and if the situation changes the response level must be changed to reflect the current risk. No change in the priority status of an incident can ever be made because of non-availability of police resources.

Training in preparation for the implementation of RCRP consisted of: a full-day's course for those needing to use the assessment tool and understand principles the most (call handlers and those taking the highest volume of calls from the public); a half-day course for others in the Force Contact Centre who may less frequently need to use the assessment tool; a College of Policing approved and created E-Learn package for every operational officer and staff member in GMP. The full or half day package have been trained, face to face, by accredited trainers and students given the opportunity to interact by working through an initial response to incidents used to demonstrate and explain the principles of RCRP.

The risks associated with the consequences of not making the right assessment where there may be an immediate risk to life

I am aware that you have written to the CoP who will set out the broader context of RCRP and the legal responsibility of policing to attend to calls in their response.

In respect of Greater Manchester, learning from other forces who had already implemented RCRP was that staff and officers may find it difficult to make the decision that the police will not be attending a call. This is because they may be concerned about the consequences of adverse outcomes or criticism of their decision making, when not attending. It is accepted that these are incredibly difficult decisions to make, especially in a pressurised environment and when complex legislation comes into play. The RCRP assessment tool is there to support staff to evidence their decision making and will continue to be subject to review and monitoring by GMP and its partners.

For RCRP to be truly effective in Greater Manchester, the following principles have been followed;

- Training and support has been ongoing and available throughout the initial six week implementation phase internally in the form of floorwalkers, dedicated Subject Matter Experts (SMEs) and RCRP Silver cover available 24/7
- Staff engagement is important, and concerns have and will be listened to with a focus on what is right

³ THRIVE – Threat, Harm, Risk, Investigation, Vulnerability, Engagement national risk assessment model

- RCRP model is built on extensive legal advice and national guidance
- The Force response in adverse outcomes is monitored, reviewed and reported to Senior Command
- Training and development strategy and evaluation criteria defined
- Quality assurance systems enhanced/introduced to support decision making and CPD
- Training has been and will continue to be supported by senior leaders to reiterate support for RCRP
- Training is supported by corporate materials
- Enhanced support and communication has been ongoing to partners throughout the implementation phase with dedicated Silver contacts, daily partner huddles, gradually reducing in line with partner confidence, and training material that is sense checked by partners.

Governance of Right Care Right Person within Greater Manchester Police

The current strategic leads for Right Care Right Person in GMP are the Assistant Chief Constable and Chief Superintendent of Prevention Branch, supported by our GMP Partnerships Manager and a dedicated Chief Inspector (Subject Matter Expert) and Detective Chief Inspector (Training Lead) from the Prevention Branch. Aligned to them is the Head of Contact Management and Business Transformation from GMP's Force Contact Crime and Operations Branch (FCCO).

A monthly Strategic Oversight Board, chaired by the GM Deputy Mayor, brings together all GM stakeholders and assesses impact and effectiveness. All agencies produce their monthly monitoring data to be included in a combined GM RCRP Monthly Monitoring data product for scrutiny by the Board.

A partnership agreement has been drafted between GMP – GMMH – Pennine Care (not yet signed, expected by end of 2024) which clearly sets out each agency's responsibility in relation to mental health concerns; i.e. mental health concerns that are of a real and immediate risk to life or risk of serious harm will continue to see a policing response. This agreement will clearly set out expectations within GM and drive a consistent approach.

When to accept that the police are the right agency to be involved in mental health related enquiries due to their powers of entry

Welfare Checks and Police Powers of Entry

Reference is made to the Police being the right agency to respond to mental health enquiries because of their powers of entry. GMP has never had a written policy document in respect of routinely attending 'welfare checks' because that 'duty' is not reflected in legislation. The police power of entry pursuant to Section 17 (1) (e) of the Police and Criminal Evidence Act 1984, is to "save life and limb". The extent of this power was examined in the stated case of Syed v DPP (2010) and the court determined that a 'concern for welfare' is too low a threshold to force entry.

The Court determined that there has to be a real risk to life or serious injury for Police to exercise such powers. This threshold is reflected in the nationally agreed threshold for a police response to a mental health-related incident.

Memorandum of Understanding

On 2nd April 2024, Greater Manchester agreed a forced entry Memorandum of Understanding which specifies that Greater Manchester Fire and Rescue Service are the primary responder to force entry on behalf of North West Ambulance Service in cases of a medical concern. This reflects common practice in other areas of the country.

This is, in part, due to the Fire Services wider powers in relation to forcing entry under Section 11 Fire Services Act 2004 which allows them to enter in cases where: the event or situation is one that causes or is likely to cause:

- (a) one or more individuals to die, be injured or become ill;
- (b) harm to the environment (including the life and health of plants and animals)

The Fire Service powers are far wider than S17(1)(e) PACE 1984 policing powers. For this reason, GMP are only considered to attend to assist NWAS in the event that the Fire Service are not available.

Organisational Learning

GMP have reflected that [REDACTED] was not told that GMP had changed their deployment decision in respect of Log 1520 on the day that Michael died i.e. that they would not now deploy. GMP's RCRP Policy and Procedure (30th Sept 2024) outlines a clear direction, should a District Supervisor make any subsequent non-deployment decision. Section 3.8 of the Right Care Right Person Policy and Procedure document states: *"If a district supervisor wishes to reverse an RCRP deployment decision and close the incident without deploying a police resource the district supervisor is to record their decision on the log..... This decision must then be discussed and ratified by a dispatch supervisor. If closure is approved by dispatch supervisor, it is for the district to ensure the incident is legally compliant before closing the report, this will include recontacting and updating the original caller and/or any other relevant party related to the incident and informing them that police will no longer be attending. Appropriate signposting to the right agency will also need to be provided in line with the principles of RCRP. This will be the responsibility of the district supervisor. Information on signposting can be found within this policy and via the MTD toolkit. If the original caller and/or any other relevant parties cannot be updated with the decision not to attend, the incident is not to be closed and should be actioned as per the initial RCRP decision"*.

Conclusion

In conclusion, I hope that this response addresses the concerns that you have raised and demonstrates our total commitment to provide effective policing services to the public of Greater Manchester.

Yours sincerely /

[REDACTED]

Chief Constable