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9 April 2025

Dear Ms Bourke,

I would like to start by expressing my sincere condolences to the family and friends of Mr Ronald Bainborough.

On behalf of the Commissioner of Police of the Metropolis, I write to provide our response to the matters of concern addressed to the Metropolitan Police Service (MPS) in your Report to Prevent Future Deaths, dated 18th February 2025, following the inquest into the death of Mr Ronald Bainborough.

The Coroner's "Matters of Concern"

The **MATTERS OF CONCERN** are as follows –

- (1) *During the Inquest, evidence was heard from 2 consultant psychiatrists and an Approved Mental Health Act Professional (AMHP) regarding the timescales for applying for and executing s135(1) warrants. All of them had concerns about the time taken for a warrant to be issued and executed.*
- (2) *The warrant application was submitted to the Magistrates Court on 18 August 2023, the hearing took place on 23 August and it was intended that the warrant would be executed on 7 September 2023. This was a timescale of 20 days. The jury was told that this timescale was typical of the time taken to apply for and execute a s135(1) warrant in the experience of the professionals giving evidence at the Inquest.*
- (3) *Applications for a warrant are heard at Westminster and Uxbridge Magistrates Courts which consider applications from all 32 London Boroughs. There are a limited number of video hearing slots, so AMPH teams may have to wait several days for a hearing.*
- (4) *Once a warrant has been issued, an appointment then needs to be arranged for police officers to execute the warrant. The evidence before the court was that it would generally take in the region of 10 days for an appointment to be scheduled.*
- (5) *There is no official fast track procedure. Consequently, there is a risk of harm to the individual and others during the time taken for a warrant to be granted and executed.*
- (6) *As individuals have been identified as requiring assessment under the Mental Health Act, the risk of potential harm is recognised. In the absence of treatment, there is an ongoing risk that individuals will harm themselves or others before the warrant can be executed. This includes a risk of fatal harm.*

MPS Response:

Community Consultation Meetings

Applications under section 135(1) of the Mental Health Act (MHA) are applied for by an Approved Mental Health Professional (AMHP). Before an AMHP can request police attendance at a pre-planned Mental Health Act assessment, there must be a Community Consultation Meeting with the local Basic Command Unit (BCU) mental health point of contact.

Community Consultation Meetings are informal collaborative arrangements that are supported by senior NHS personnel. Guidance was sent by the MPS to AMHP leads of London on 17th November 2022 setting out the expectations of the meetings:

'The MPS will now request a weekly Community Consultation Meeting between AMHPs, MH policing teams, Neighbourhood policing teams, Crisis Teams, and Home Treatment Teams (HTT) to discuss those people who may be reaching the threshold for an assessment/S135 warrant application.'

The purpose of this is to ascertain what has already been done within the community to help the person, what involvement, if any, the Neighbourhood Team have had and what more could be done prior to the AMHP requesting police assistance at a mental health act assessment/warrant.

There must be agreement by all parties for the AMHP to continue to the warrant application stage and request police assistance through the on-line portal.

Confirmation as to whether this "pre-consultation" has taken place will be built into the online portal.

For urgent high-risk cases we would urge AMHPs to contact their MH policing teams/Ops rooms to discuss the need for police assistance outside of the Community Consultation Meeting process. This will constitute 'pre-consultation'.

Representatives from partner agencies and local policing mental health points of contact attend Community Consultation Meetings to discuss individuals prior to the application by an AMHP to the Court for a warrant. The key purpose of these meetings is to ensure that all alternative options to a s.135(1) MHA warrant have been explored, with the aim of both protecting the individuals' rights and to ensure rapid and appropriate care.

If a warrant appears to be the last option available, the AMHP will make the application to the Magistrates' Court and submit a request for police attendance.

In the period between the AMHP applying for the s.135(1) warrant and the Court either granting or refusing the application, the MPS will consider whether an immediate police response is required.

Applying for a warrant under Section 135(1) of the Mental Health Act (MHA) 1983

AMHPs (who are usually specially trained social workers) are the only professionals authorised to apply to the Court for a warrant under section 135(1) MHA 1983.

An application under section 135(1) is made where the AMHP has reason to believe that a person believed to be suffering from a mental disorder:

- Has been, or is being ill-treated, neglected or kept otherwise than under proper control, in any place within the jurisdiction of the justice, or
- Being unable to care for themselves, is living alone in any such place,

If satisfied that any of the conditions above are met, a Magistrate may issue a warrant authorising any constable (who **must** be accompanied by an AMHP and a registered medical practitioner) to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove them to a place of safety.

Executing a warrant obtained under section 135(1) MHA 1983

After a warrant is obtained under section 135(1) MHA 1983 information held on police databases about the person concerned is reviewed and a risk assessment is conducted. This enables officers to make an informed decision as to the police resources required to execute the warrant and ensure the safety of attending officers, healthcare professionals and the individual.

All the risks and control measures are recorded on a MHAA RA3 form which is reviewed and ratified by a supervisor. The AMHP is then contacted to arrange a mutually convenient time and date to execute the warrant.

The MHAA RA3 form was created following a review of police processes under section 135 MHA by the Health and Safety Executive in October 2022.

The warrant authorises two legal powers for police officers:

- Entry to the premises, if need be by force
- Removal of the person concerned to a place of safety.

The key responsibilities of the police when executing a s.135(1) MHA warrant are:

1. Entering the Premises -

- The police will enter the premises specified in the warrant and search the property to safely locate and contain the individual

2. Assist with Removal and Transport -

- If the premises specified on the warrant is the individual's home address of the AMHP/doctor may undertake the mental health assessment at the premises, provided that it is safe and appropriate to do so and they have the consent of the individual and any occupier. In such cases, there is no legal obligation for police to remain at the premises whilst the assessment takes place. However, police may remain at the premises if there is a risk posed to the AMHP/doctor or the individual;
- When an assessment is completed at the individual's home address and a decision is made by healthcare professionals that inpatient admission is required, it is the responsibility of the AMHP to convey the individual to hospital and not the responsibility of police officers;
- However, if the police have removed the individual under the s.135(1) warrant in order for them to be taken to a place of safety, police will escort the person in the ambulance

3. Handover to Healthcare Professionals

- If the police have removed the individual under the s.135(1) warrant, once at the place of safety, responsibility for the individual is transferred to mental health professionals.

Timescale for execution of s.135(1) MHA warrants

The Magistrate who grants the warrant will stipulate its validity period on the face of it. However, it is normal for the warrant to expire three months after its date of issue if it has not been executed.

In Mr Bainborough's case, it was intended that the warrant be executed on 7 September 2023. This was 20 days after the application for the warrant was made and eight days after the warrant was issued. Whilst there is no formalised fast-track procedure per se for the execution of s.135(1) warrants, high risk factors highlighted by the AMHP when requesting police assistance will be taken into account when researching, allocating resources and booking a date for the warrant to be executed to best protect those who are at risk of serious harm.

Furthermore, for urgent high-risk cases, AMHPs are encouraged to contact their local BCU mental health point of contact to discuss the need for police assistance outside of the Community Consultation Meeting process. In an emergency, the AMHP can apply for a s.135(1) warrant and call 999 or 101 to request police assistance. They would then complete the risk assessment and submit the MHAA RA3 form retrospectively.

The MPS acknowledges that there may be an ongoing risk that patients will harm themselves or others in the period before the warrant can be executed and every effort is made to secure an early date for execution of the warrant once it has been issued. However, it is imperative that a holistic and thorough risk assessment is carried out prior to the warrant being executed to ensure that appropriate measures are put in place to protect both the person concerned and also those professionals involved in executing the warrant.

The MPS corporate process to s.135 warrants is currently being reviewed and the matters raised in this PFD report and learning identified will be incorporated into this.

Please do not hesitate to contact me should you require any additional information or clarification regarding the contents of this response.

Yours sincerely,

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Deputy Assistant Commissioner

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